Personal and Professional Characteristics of Japanese Master Therapists: A Qualitative Investigation on Expertise in Psychotherapy and Counseling in Japan

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277 words

Abstract

This qualitative study explored the characteristics of Japanese master therapists, extracted particular experiences conducive to optimal therapist development, and examined similarities and differences between Japanese and American master therapists.

Data collection was conducted through in-depth, semi-structured interviews with 10 Japanese master therapists who gained the largest number of nominations from Japanese psychotherapists and counselors. Qualitative data analysis was processed utilizing grounded theory approach (Strauss & Corbin, 1998) and CQR method (Hill et al., 2005). Data analysis was jointly conducted by four Japanese psychologists through group consensus.

Results clarified important characteristics of Japanese master therapists. First, as a foundation, they possess positive personality traits, such as modesty, warmth, sincerity, absence of self-centeredness, and resilience. Based on these characteristics, they are able to build trustful relationships with their clients, both at an early stage, and throughout the therapy process. Second, they possess exceptional ability to perceive and process various cognitive (i.e., case formulation, objective monitoring of the therapy process, keen observation of the client's verbal and non-verbal cues) and emotional (i.e., accurate empathy, use of the therapist's feelings during the session) information from the client, from the therapist him/herself, and from the therapy process. This perceptive capacity of understanding makes it possible to perform at a

high level of therapeutic effectiveness, maintaining a flexible therapeutic stance depending on the client. Third, master therapists are able to continuously learn from their experiences, stimulated by their curiosity and creativity, as well as their sense of responsibility and discipline as professionals.

Finally, cross-cultural comparison of Japanese and American master therapists was discussed, a model of master therapist development was proposed, and suggestions for future research and therapist training were offered.

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Chapter One

Introduction

In the past 20 years, a considerable number of research studies have been conducted in order to examine characteristics and behaviors of exceptionally competent psychotherapists, or so called "master therapists." Major topics regarding master therapist research are as follows: general characteristics (Blatt, Sanislow, Zuroff, & Pilkonis, 1996; Skovholt, Ronnestad, & Jennings, 1997; Jennings & Skovholt, 1999; Jennings, Goh, Skovholt, & Banerjee-Stevens, 2003), ethical values (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005), working alliance (Raue, Castonguay, & Goldfried, 1993; Sullivan, Skovholt, & Jennings, 2005), group therapy (Kivilighan & Quigley, 1991), power issue (Murphy, 2006), and cultural competence (Goh, 2005).

Importance of Master Therapist Study

Why are master therapist research studies important? First, by examining characteristics and behaviors of master therapists, we can clarify important factors conducive to highly effective therapy. Second, by investigating expertise of various master therapists, we can distinguish both universal and idiosyncratic components of expertise in counseling and therapy. Third, through examining the development process of master therapists, it becomes clearer what kinds of life events and professional experiences positively or negatively impact optimal therapist development. Accordingly,

we can design effective educational curriculum for counselor education. Forth, we can illustrate the power of psychotherapy in its most optimal state.

Statement of the Problem

At the same time, the body of master therapist research so far has several limitations. One of the major limitations in this field of study is a lack of diversity, as Jennings & Skovholt (1999) pointed out. In fact, in most of the master therapist studies, master therapists were all Caucasian Americans. Considering the fact that the U.S. is becoming an increasingly multicultural society, it is imperative to reexamine the nature of competence and characteristics of master therapists from a multicultural perspective, since communication between the client and the therapist is greatly impacted by cultures embedded in both parties.

In addition to the multicultural perspective, however, international perspective is important as well in this field of study. So far, most of the master therapist studies have been conducted in the U.S, except for Orlinsky & Ronnestad's (2005) international survey regarding therapist development. It is quite conceivable that the international cultural differences are even more pronounced than domestic multicultural differences within the U.S, especially when we compare the U.S. with non-European countries. With its significance and considerable accumulation of studies related to master therapists so far, I believe it is time to begin to internationalize this research topic, examining similarities and differences of characteristics of master therapists in different countries.

Purpose of the Study

The primary purpose of this study is to begin to internationalize the master therapist research, by clarifying the characteristics of master therapists in Japan. More specifically, personal and professional characteristics of 10 Japanese master therapists will be explored through in-depth interviews. In addition, influential experiences of master therapists that contributed to their therapist development will be explored. Third, cross-cultural similarities and differences between Japanese and American master therapists will be illustrated. Thus, main research questions in this study are as follows:

1) What are the personal and professional characteristics of Japanese master therapists?

2) What kind of experiences and learning have contributed to the development of Japanese master therapists?

3) What are some cross-cultural similarities and differences between Japanese and American master therapists?

Significance of the Study

By broadening this research topic to an international scale, we can gain several significant benefits. First, we can be better prepared for cross-cultural application of counseling theories and practices. With rapid globalization, many students and scholars travel internationally to learn and/or to present new knowledge and skills. If we were aware of cultural similarities and differences in counseling expertise, transfer of knowledge and skills would be more smooth and appropriate. Second, we can create culturally more appropriate counseling

curriculum for international and multicultural students. There are a number of international students who come from abroad to learn counseling and therapy in the U.S., hoping to transfer their learning to their own countries. However, counseling curriculum in American universities may or may not adequately address issues of international application of counseling knowledge and skills. By assisting researchers and faculty members in counseling programs in the U.S. to better understand cross-cultural issues in counseling, we can help both international and domestic students and scholars to facilitate a better cross-cultural learning environment. Third, findings from cross-cultural research will prevent counselors from being culturally encapsulated, and facilitate cultural self-awareness. Forth, we can clarify both etic and emic aspects of therapist expertise. At this point, because most of the master therapists interviewed on this topic have been Caucasian American, it is hard to know what is culturally universal and what is culturally specific. By comparing similarities and differences of master therapist characteristics, we can begin to clarify these two important components.

In addition, this study has significance for Japanese population as well. Until recently, Japan has directly imported various counseling theories and techniques from Western countries, without paying much attention to cultural differences. However, considering recent changes and the development of counseling in Japan, it is important to reconsider what kind of counseling theories and practices are appropriate and effective for the Japanese population. By examining practices and insights from Japanese master therapists, we can

clarify how master therapists have modified Western counseling and psychotherapy for the Japanese population as well as what kind of counseling and psychotherapy are considered optimal in Japan.

Chapter Two

Literature Review

This literature review is divided into four parts. In the first part, empirical studies related to master therapists are critically examined. Second, qualitative studies regarding master therapists are reviewed. In the third part, a brief history of counseling and psychotherapy in Japan is illustrated by reviewing some Japanese counseling literature. And forth, Japanese research studies pertaining to master therapists and/or therapist expertise are critically reviewed.

Empirical studies related to master therapist research

Wiser and Goldfried (1993) investigated the importance of emotional experience in the therapy process by using data obtained from 17 psychodynamic-interpersonal master therapists and 13 cognitive-behavioral master therapists. The selection process of master therapists was as follows: The researchers first selected 30 experts in psychodynamic-interpersonal therapy and cognitive-behavioral therapy respectively. "Experts" were those who have been actively involved in therapist training or those who have written extensively in the field. These experts were asked to identify particularly competent therapists within their own orientations. Recommended therapists had to have at least 5 years of postgraduate clinical experience. Therapists who received two or more nominations from experts were invited to participate in this study. Through this nomination process, a total of 13 psychodynamic-

interpersonal therapists with an average of 18.6 years of clinical experience and 17 cognitive-behavioral therapists with an average of 13.3 years of clinical experience consented to participate. These master therapists submitted a single audio-taped therapy session which achieved the most significant change, from the therapists' perspectives, during the course of their therapy with a client. In addition, therapists were requested to choose the most significant portion in the therapy, which they deemed to be most accountable for clients' change. Audio-taped sessions were then coded by eight undergraduate students who had been trained for the task. The scale used for coding was the Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969). This scale is an observer-rated seven-stage scale, which measures the degree of emotional involvement in a therapy session.

Researchers used 2 (psychodynamic-interpersonal vs. cognitive-behavioral) x 2 (significant portion vs. non-significant portion) mixed analyses of variance (ANOVA) to analyze differences in clients' levels of emotional experiencing. Results showed no main effects for either therapeutic orientation or portion of therapy. However, significant interaction effects were found, $F(1, 28)= 7.28$, $p= .012$, which indicated clinically most significant session showed the client's highest emotional experiencing for psychodynamic-interpersonal orientation, whereas most significant cognitive-behavioral session showed the lowest experiencing.

Additional analyses were performed regarding the differences in the degree of therapist verbal activities during the session. A 2 (psychodynamic-

interpersonal vs. cognitive-behavioral) x 2 (significant portion vs. non-significant portion) mixed analyses of variance (ANOVA) was conducted, and the analyses showed a significant interaction, $F(1, 28) = 12.34$, $p = .001$. Although the amounts of therapists' verbal activities during non-significant session were the same (32% out of the whole session) for both psychodynamic-interpersonal and cognitive-behavioral therapies, cognitive-behavioral therapists talked significantly more (49%), compared with psychodynamic-interpersonal therapists (34%) during the significant sessions.

This research study certainly holds some strengths: 1) researchers carefully chose expert therapists through multiple nomination procedures; 2) therapy session data was taken from real therapy session in a naturalistic setting; and 3) clarified differences between therapy orientations as well as significant/non-significant sessions.

However, this research study also possesses several possible weaknesses. First, the relationships between therapeutic outcomes and differences in the degree of emotional experiencing as well as therapists' verbal activities are weak. This is because the researchers only included therapists' subjective views as a standard for therapeutic outcome. In other words, it was the therapists alone who chose the most significant session and the most significant portion within the session, and clients' views were completely omitted. Because there could be discrepancies between the therapist's and the client's perception of effective therapy session or portion thereof, researchers should have included both of their perceptions when deciding which was most

significant session and portion of the therapy. Second, as Wiser and Goldfried (1993) acknowledged in the article, the majority of therapists who participated in this study were male (92% for psychodynamic-interpersonal therapists and 70% for cognitive-behavioral therapists), which inevitably limits generalizability of the results to other populations, such as female therapists. In addition, other demographic variables, such as ethnicity, were not provided in the study, which further obscure its generalizability. Third, clients were limited to only those who "presented depressive or anxious symptomatology and that interpersonal issues be a primary therapeutic focus (p. 893)." Therefore, generalizability of the results is limited to clients with these symptoms. Forth, because researchers only examined only one session, which the therapist perceived as the most significant session, the content of this session may or may not be representative of the whole therapy process.

Wiser & Goldfried (1998) conducted a similar research to the aforementioned study. This time, they investigated the relationship between the client's emotional experiencing in the session and the master therapist's type, content, and interpersonal manner of his/her therapeutic interventions. Using the same nomination procedure from their previous research (Wiser & Goldfried, 1993), they recruited 13 psychodynamic-interpersonal master therapists and 18 cognitive-behavioral master therapists. Those therapists were asked to submit therapy session data which demonstrated significant change. Researchers then analyzed the sessions using 4 scales. The Experiencing Scale (EXP; Klein, Mathieu, Gendlin, & Kiesler, 1969) was used to measure the

clients' degree of emotional experiencing in the session. The Structural Analysis of Social Behavior (SASB; Benjamin, 1974) was used to assess the therapist's interpersonal style of interventions, which specifically measures the degree of therapist control and friendliness. The third scale was the Verbal Response Modes (VRM; Stiles, 1992), which classifies the type of therapist intervention into nine mutually exclusive categories: disclosure, edification, advisement, confirmation, question, reflection, acknowledgment, interpretation, and uncodable. The forth scale was the Coding System of Therapeutic Feedback (CSTF; Goldfried, Newman, & Hayes, 1989). This scale assesses the specific content highlighted in each intervention into one of 10 content areas: situation, action, emotion, general thought, self-evaluation, self-observation, expectation, intention, physiological sign of emotions, and unspecified.

After coding the submitted sessions by using EXP scale, researchers selected specific segments of data. Those are episodes: 1) shifting from low EXP to high EXP, 2) shifting from high EXP to low EXP, 3) maintaining high EXP, and 4) maintaining low EXP. Researchers then attempted to analyze these segments with the four above-mentioned therapist process rating scales.

The logistic regression analysis showed that: 1) affiliative, non-controlling interpersonal stances; reflections and acknowledgements; and highlighting minimal, nonspecific content (e.g., "Hmm, I see") had association with maintaining high emotional experiencing; 2) highly affiliative but moderately controlling interventions, as well as verbally lengthy interventions were associated with shifting to low experiencing; 3) male therapists were associated

with maintaining high emotional experiencing, and 4) female therapists consistently had association with clients' shifting to low experiencing. No significant association was found between the therapist's specific interventions and the client's shifting from low to high experiencing.

Compared with the previous study (Wiser & Goldfried, 1993), what is noted to have improved is that they included more female therapists (7 out of 24), and provided a broader ethnic demographic (28 White, 2 Black, and 1 Latino) in terms of therapist selection. The researchers also attempted to analyze therapeutic process more in depth by employing three additional scales to examine the therapist's type, content, and interpersonal manner of therapist's feedback.

However, this study has several weaknesses as well. First, validity and reliability of the coding process is questionable. Regarding the Structural Analysis of Social Behavior (SASB) scale, no information was provided regarding the coders, except the number of coders and that they were "trained coders." The nature and degree of training for this task was not clearly presented. Regarding the Verbal Response Modes (VRM) scale, coders were described as "six VRM-trained advanced undergraduates." Again, it is not clear how much training these undergraduate students received. In addition, considering the fairly complex task of coding a therapy session, validity of coding, done by undergraduate students who may not have much therapy experience, is questionable. In terms of the Coding System of Therapeutic Feedback (CSTF) scale, reliability of the coding, using Cohen's kappa, was .59,

which is marginal. Because the coding of these scales have primary importance in this study, questionable validity and reliability of the coding brings serious threat to the validity of the research study as a whole.

Goldfried, Raue, & Castonguay (1998) conducted a similar study to investigate master therapists' verbal interventions by comparing psychodynamic-interpersonal master therapists and cognitive-behavioral master therapists, as well as differences between their significant and nonsignificant portions in a therapy session.

Following the same nomination process from Wiser & Goldfried (1993 & 1998), they recruited 14 psychodynamic-interpersonal master therapists and 22 cognitive-behavioral master therapists. The average number of years of post-degree clinical experience for these therapists was 15.0 (SD=8.4). They submitted an audiotape of a particularly significant session with a client who presented with anxiety, depression, or both.

They used the Coding System of Therapeutic Focus (CSTF; Goldfried, Newman, & Hayes, 1989) to code the submitted sessions. Regarding the contents of CSTF, the researchers illustrated the scale as follows:

> …the CSTF classifies therapists' verbal interventions along five axes: (a) the components of the client's functioning (e.g., emotions and thoughts), (b) any links or connections that are made, be they intrapersonal or interpersonal, (c) the general interventions used (e. g., support), (d) the persons who are the focus of the intervention, and (e) the time frame of the focus.

The sessions were coded by three teams of four advanced graduate students in clinical psychology, who had received specific training for the task. Then, 2 (psychodynamic-interpersonal vs. cognitive-behavioral) x 2 (significant portion vs. nonsignificant portion) analyses of variance (ANOVA) were computed.

In terms of the differences between two orientations, statistically significant differences were found in that the cognitive-behavioral therapists were more likely to compare and contrast clients' functioning with the functioning of others; to encourage between-session experiences; to focus more on other people in clients' lives; and to focus on the future. On the other hand, psychodynamic-interpersonal master therapists were more likely to highlight instances of significant themes in clients' lives and to focus more on clients themselves and their emotions.

Regarding differences between significant and nonsignificant portions in the sessions, researchers found that master therapists, regardless of their orientations, are more likely to focus on clients themselves, including their thoughts, emotions, and their self-perceptions; to make more connections between different times and people in their lives; and to provide factual information and encourage clients to view things more realistically.

One of the strengths of this study was that the researchers provided detailed information regarding the coding procedure, including the hours and content of the coding training, and inter-coder reliabilities (average=. 89).

At the same time, weaknesses exist in this study as well. One of the weaknesses was that the researchers limited the therapist orientations to psychodynamic/interpersonal and cognitive/behavioral approaches. By excluding other approaches, it is unclear whether the results apply to master therapists with other therapeutic approaches. Secondly, clients included in the study were limited to those presenting with anxiety, depression, or both. Therefore, generalizability of the study is quite limited because there exists a wide range of clients with different presenting issues other than anxiety and/or depression.

Goldsamt, Goldfried, Hayes, & Kerr (1992) compared three master therapists in different therapeutic orientations regarding therapist feedback. Using a commercial videotape demonstration, Three Approaches to Psychotherapy III (Shostrom, 1986), researchers analyzed a 45-minute demonstration session by three master therapists (Aaron T. Beck for cognitive therapy, Donald Meichenbaum for cognitive behavior modification, and Hans H. Strupp for short-term psychodynamic therapy). Therapy sessions were transcribed and coded with the Coding System of Therapeutic Focus (CSTF; Goldfried et al., 1989). Coders were three advance graduate students in a clinical psychology program who had experience in using the code system. A Chi-square statistic of the data showed Beck had a greater focus on the client's self-evaluation, general thoughts, and expectations. He also emphasized the distinction between what was real and what was not. This result seems to confirm the theoretical goal of cognitive therapy. Meichenbaum emphasized

the clients' emotion and behavior than other therapists. Strupp focused more on childhood and the adult past, but focused less on the in-session time frame than the other two therapists.

What are some limitations of this study? First, the therapy sessions were not conducted in a naturalistic setting. The client, Richard was, in fact, not a true client, but a participant whose presenting problem had been artificially composed. Therapists also knew beforehand that their therapy session was videotaped for a commercial demonstration, which might have induced biases or differences compared with how they normally conduct their sessions. In addition, this session was only conducted once for demonstration, and it was not a part of a full course of therapy. The second limitation of this study was a low level of interrator reliability. Regarding reliability among three coders for 39 code items in this study, the researchers reported as follows:

> Eleven items had average k's in the good range (above .65), ten had average k's in the adequate range (.45-.65), and then had average k's in the poor range (below .45). Eight k's could not be computed due to zero call frequencies.

This means that only one-third of the code items had adequate interrator reliability.

The third limitation of this study was that they computed c^2 statistics for three possible pairs of therapists (Beck, Meichenbaum, and Strupp) without carrying out corrections for familywise error. This significantly increased the risk of Type I error, detecting differences when they did not, in fact, exist.

In Eells, Lombart, Kendjelic, Turner, & Lucas's study (2005), 65 psychotherapists were recruited through direct contact by one of the researchers, word-of-mouth referrals from professional associates, or professional conferences. Out of 65 therapists, 24 of them were novices who were graduate students in clinical psychology program with less than 1,500 hours of supervised clinical experience. Eleven of them identified themselves as psychodynamically oriented (PD), and 13 as cognitive-behaviorally oriented (CB). Nineteen therapists were experienced therapists with 10 or more years of clinical experience (11 as PD therapists and 8 as CB therapists). Twenty-two therapists were categorized as expert therapists (11 as PD therapists and 11 as CB therapists). Researchers set criteria for experts as follows:

> …psychiatrists or clinical psychologists meeting one of more of three criteria: (a) developed a method of psychotherapy case formulations; (b) led one or more workshops for professionals on how to construct case formulations; (c) published one or more scientific articles, books, or book chapters on the topic of psychotherapy case formulation (p. 581).

One of the researchers or an advanced clinical psychology graduate assistant interviewed these therapists either in person or by telephone. In the interviews, interviewers read 6 different vignettes, which described patients with generalized anxiety disorder, major depressive disorder, or borderline personality disorder, and therapists were asked to "think aloud about your conceptualization of the patient to construct a case formulation (p. 582)." The case formulations were then transcribed and content coded by 6 clinical or

counseling psychology graduate students, working in teams of three. Case Formulation Content Coding Method (CFCCM), developed by Eells, Kendjelic, and Lucas (1998), was used for the coding. CFCCM used in this study contained four general sections: descriptive information, diagnostic information, inferential information, and treatment planning. In addition, quality of case formulation was measured by eight criteria: comprehensiveness, formulation elaboration, precision of language, complexity, coherence, goodness-of-fit of the formulation to the treatment plan, treatment plan elaboration, and the extent to which the therapist appeared to follow a systematic formulation process across all six vignettes.

A three-way (Experience level vs. Therapy mode vs. Vignette) multivariate analysis of variance, case formulation quality measure as a dependent variable, was conducted. This analysis showed a significant Experience level x Therapy mode interaction, $F(14, 696) = 1.79$, $p<.05$, main effects for experience level, $F(14, 696) = 6.67$, $p<. 01$, and therapy mode $F(7,348) = 3.70$, $p<.01$. In order to understand these main effects and interactions, pairwise comparisons with a Bonferroni correction was conducted for the three experience level groups. The results showed differences between those who were experts compared with experienced and novice therapists in that: 1) case formulations of experts were more comprehensive, elaborated, and complex; 2) treatment plans were more greatly elaborated and better fitting to the formulations; 3) case formulations for the six vignettes showed more

evidence of a consistent and structured process; and 4) few differences were observed based on therapeutic orientations.

One of the strengths of this study was that they recruited three different kinds of therapists; novice, experienced, and expert. This made it possible to clarify differences between master therapists and novice/experienced therapists. Second, the researchers reported high levels of interrater reliability (k = .86-.88) as well as reliability of the coding system (k = .86).

The biggest weakness of this study, on the other hand, lies in the recruitment method of the therapists. The experienced and expert therapists were mainly recruited by one of the researchers (Tracy D. Eells), which potentially may have introduced sampling bias in the recruitment process. In addition, the recruitment process was not uniform in that the therapists were recruited by different methods, such as telephone, personal contact at professional conferences, or word-of-mouth referrals. Second, because they focused only on case formulation skills, the results of the study may not be generalizable to general therapeutic competence.

Murphy, Cheng, & Werner-Wilson (2006) investigated master therapists' use of power in therapeutic conversations. In their study, six master therapists were chosen from the American Association for Marriage and Family Therapy's Master's Series Videotapes. Six therapists were Harlene Anderson (Collaborative Language Systems), Betty Carter (Feminist), Gianfranco Cecchin (Milan), Salvador Minuchin (Structural), Olga Silverstein (Feminist), and Michael White (Narrative). In the videotape, each therapist worked with

different type of client (i.e., individual, a married couple, a family with children).

The Family Relational Communication Control Coding System (FRCCCS; Heatherington & Friedlander, 1987) was used to analyze communication control between therapists and clients. FRCCCS consists of two coding modes; Format coding refers to the structure of the statement, whose codes are assertion, open question, closed question, successful talkover, unsuccessful talkover, intercept, noncomplete, or indistinguishable. The other coding mode is Response coding, which is the function of the responded message to a statement. Response coding includes support, nonsupport, extension, answer to open question, answer to closed question, instruction, order, disconfirmation, topic change, and indistinguishable. Therapists' and clients' statements were coded with FRCCCS by two undergraduate students who received specific training for use of the coding system. Each statement was first given one format and one response mode coding, and depending on the kind of pairing of two modes, each statement was classified to either control, submissive, or neutral message.

A chi-square procedure revealed an overall pattern that conversational power primarily flows from the therapist to the client, and not from the other direction. Regardless of therapists' orientations, all therapists took on the therapist role and utilized their power, but the amount and the types of control were different. Minuchin (Structural), Cecchin (Milan), and Silverstein (Feminist) used great power to control the conversation, and guided clients'

responses to their messages. At the same time, they complimented the conversation control by activating clients' control messages by delivering submissive messages. Anderson (Collaborative Language System), White (Narrative), and Carter (Feminist) utilized significantly less conversational control, and encouraged clients more by facilitating clients' control or neutral messages after therapists' delivering submissive messages.

One of the limitations of this research was, as they acknowledged in the paper, they lumped different kinds of clients (individual, couple, or family) as one generic "client." A lack of control of this variable may have incurred a significant amount of variability and made it more difficult to clarify where the observed differences in therapists were attributable. Second, the number of master therapists used in this study was very small (n=6), which obviously limits its generalizability. Third, therapists used in the study were all family therapists, which again decrease generalizability of the results to therapists in general. Lastly, the definition of "master therapists" in this study is unclear. The six therapists were chosen because they appeared in the American Association for Marriage and Family Therapy's Master Series Videotapes. It was not illustrated in the study how these therapists were chosen for the video series. Besides, it appears that this Master Series contain more than six videotapes, judging from the videotape numbers provided in the appendix. According to the article, "Therapists were selected based on the authors' access to already-purchased tapes." This uncontrolled selection clearly induced sampling bias in the study.

Qualitative studies related to master therapist research

Jennings & Skovholt (1999) published one of the most influential and important studies regarding master therapist research. They conducted in-depth interviews with 10 master therapists in order to clarify their personal characteristics. Out of 10 master therapists, 7 were women and 3 were men. Six of them were Ph.D. psychologists, 3 were master's level social workers, and one of them was a psychiatrist. Age range was 53 to 75 years (average: 62 years). The years of clinical experience ranged from 24 to 44 years, with an average of 32.5 years. Therapeutic orientations of the master therapists were psychodynamic (n=4), integrative (n=2), family systems (n=2), existential (n=1), and Gestalt and Client-centered (n=1). Ethnicity of the master therapists was Caucasian.

Master therapists were identified through a peer nomination method. First, the authors asked three well-regarded practicing psychologists to nominate three master therapists. The authors defined "master therapist" as a person who:

> (a) is considered to be a "master therapist"; (b) is most frequently thought of when referring a close family member of a dear friend to a therapist because the person is considered to be the "best of the best"; and (c) one would have full confidence in seeing this therapist for one's own personal therapy. (p. 4)

Nominated master therapists were then asked to nominate three master therapists, excluding themselves. Eight circles of this nomination procedure

were repeated, until the authors obtained a total of 103 different nominated therapists. Then, the authors selected 10 most frequently nominated therapists as subjects of their study.

The authors then conducted semi-structured interviews, based on 16 open-ended interview questions. An average duration of interviews was approximately 90 minutes. Interviews were all tape-recorded and transcribed. The authors and a research assistant analyzed the data based on inductive analysis (Patton, 1990), which generated 1043 concepts, smallest units of data. These concepts were then analyzed into broader themes, categories, and domains. After the preliminary analysis, analysis contents were shared with master therapists for a 60-minute follow-up interview with each respondent to further evaluate the validity and accuracy of the analysis. In the end, qualitative analysis generated 26 themes, eight categories, and three broad domains: cognitive, emotional, and relational.

The authors summarized the main results of the analysis as follows:

> …master therapists (a) are voracious learners; (b) draw heavily on accumulated experience; (c) value cognitive complexity and ambiguity; (d) are emotionally receptive; (e) are mentally healthy and mature and attend to their own emotional well-being; (f) are aware of how their emotional health impacts their work; (g) possess strong relationship skills; (h) believe in the working alliance; and (i) are experts at using their exceptional relational skills in therapy. (p. 3)

Using the same 10 master therapists in Jennings & Skovholt's study (1999), Sullivan, Skovholt, & Jennings (2005) conducted a qualitative study regarding master therapists' construction of the therapy relationship. Based on research literature on therapy relationship and working alliance, the authors created 9 interview questions that are related to therapist-client agreement on the tasks of therapy, therapist-client agreement as to the goals of therapy, and therapist-client emotional bonds.

The authors conducted semi-structured interviews with master therapists, and interviews were all tape-recorded and transcribed. An inductive analysis described by Patton (2002) and Jennings & Skovholt (1999) was employed in this study, which analyzed the interview contents from the smaller units to larger units, concepts, categories, themes, then to domains. In addition to the interview data, the authors utilized a portion of the transcripts from Jennings & Skovholt's research (1999), in which therapists specifically discussed therapy relationship. After the first analysis, 60-minute follow-up interviews with master therapists were conducted to increase the validity of the analysis by confirming the results with interviewees. Final analysis generated two main domains that included six categories.

The results indicated that master therapists believed both safety and challenge in relationship are necessary for effective therapy. Safe relationship includes the therapist's attunement to the client's needs, attention to the client's participation in therapy, and receptivity to the client's deep concerns. Challenging relationship includes the therapist's use of his/her personality to

elicit client change, taking more directive role, and reframing the client's experience from a larger context and perspective.

Based on the same interview data from Jennings & Skovholt (1999), Jennings, Sovereign, Bottorff, Mussell, & Vye (2005) analyzed ethical values of master therapists. In this research, ethical values were defined as "strongly held beliefs that inform moral judgment and professional conduct (p. 35)." The researchers analyzed archival data employing CQR method (Kill et al., 1997). The research team consisted of one psychologist, two doctoral graduate students, with one more psychologist as an auditor. The researchers first selected 24 ethical values as a framework for analysis from the General Principles of the Ethical Principles of Psychologists and Code of Conduct (APA, 1992). Based on these frameworks, the researchers conducted preliminary analysis of the data, examining which ethical value best represents each quotation or unit of meaning from the interview transcripts. Later, they incorporated two other ethical values from basic moral principles described in Gilligan (1982), Kitchener (1984), Kohlberg (1984), and Meara et al. (1996). They also added six new ethical values from the preliminary analysis, which generated 32 ethical values in total. With these 32 ethical values, the researchers then consensually decided, as a team, which ethical value best corresponds to each quotation, using all the archival data. Then, the 1300 quotations corresponding to 32 ethical values were consensually reexamined taking into account internal consistency as well as the frequency of each ethical

value mentioned by each master therapists. Consequently, this examination consolidated 23 ethical values into nine larger themes under two categories.

The results indicated that master therapists put high importance on the following nine ethical values; (a) valuing interpersonal relationships with clients and other people in their lives (relational connection), (b) encouraging the client's self-determination (autonomy), (c) care for the client's well-being (beneficence), (d) trying not to impose one's beliefs and values on the client (nonmaleficence), (e) working hard to be highly skilled in their professional work (competence), (f) awareness of one's limitations (humility), (g) seeking out opportunities to broaden their clinical abilities (professional growth), (h) searching for uniqueness and intricacy in therapeutic interaction (openness to complexity and ambiguity), and (i) commitment to be aware of their own life issues (self-awareness).

Although these qualitative studies mentioned above have a number of strengths, they have some limitations as well. First, as many of them acknowledged in their studies, these studies lack in cultural diversity. Qualitative studies mentioned above are all based on the same pool of master therapists who are all Caucasian therapists. It also appears that most of these therapists are from the mid-west region in the U.S. Therefore, there is a possibility of sampling bias, and limitation in representativeness of the sample. Results of these studies may or may not apply to master therapists in a more culturally diverse region, such as California, or nation-wide therapist pool.

Second, these qualitative studies closely examined personal characteristics of master therapists, but did not compare them with novice or intermediate level therapists. Therefore, it is difficult to say that characteristics of master therapists are unique to exceptionally competent therapists or universal to any therapist.

Third, most of the qualitative studies did not examine what kind of experiences positively or negatively affected the development as master therapists. It logically follows that after describing characteristics of master therapists, the next step should be to clarify which factors are effective or not effective in developing master therapists. By doing so, we can apply the research results to actual counselor training curriculum.

Forth, past studies did not take into account the perspectives of clients. What therapists perceive as competent may or may not correspond to what clients perceive as competent. In view of the primary purpose of counseling being to provide welfare to clients, it seems important to incorporate clients' feedback and perspectives in these studies. By comparing similarities and differences between therapists and clients regarding therapist competency, we can more clearly portray characteristics of master therapists and therapist competency.

Brief history of counseling and psychotherapy in Japan

Before Western forms of counseling and psychotherapy were introduced to Japan, Japan already had indigenous forms of therapy, called

Naikan therapy and Morita therapy. Morita therapy was established by Shoma Morita, a Japanese psychiatrist, in the early 1920's (Kondo, 1976). According to Kitanishi (2005), Morita therapy assumes that the problem exacerbates when the clients pays too much attention to the problem. Therefore, Morita therapy encourages the client to alleviate attention from his/her problem and accept things as they are, including his/her suffering and problems. Morita therapy treatment is usually offered in a residential setting, where the client is first introduced to absolute bed rest and isolation for a week. Then, the client is guided through gradual restoration, engagement in physical work activities, and experience of normal daily life. Through this process, the client is instructed to write a diary for self-awareness and supervision from the therapist. The target clients for Morita therapy are those with anxiety disorder, social phobia, and obsessive-compulsive disorder.

In 1941, Ishin Yoshimoto, who was a civilian and a monk, invented Naikan therapy mainly based on Buddhist philosophies (Kawahara, 2005). "Naikan" can be translated to "introspection" or "self examination" in English, and this therapy expects the client to go through intensive introspection about his/her whole life, beginning from early stages of development. During the introspection, the client is instructed to examine how the client has been cared for by parents and other people in life, what the client has done for them in return, and what kind of troubles and worries the client caused to them. Because the main purpose of Naikan therapy is introspection, instruction and supervision from the therapist is purposefully limited to minimal. According to

Nishizono (2005), Naikan therapy aims to help the client grow psychologically from narcissistic to more empathic to and appreciative of others.

The first form of psychotherapy introduced to Japan was psychoanalysis, which was brought by Heisaku Kosawa who studied psychoanalysis in Vienna and became the first psychiatrist in Japan in 1934 (Japan Psychoanalytical Association, 2008). Kosawa established the field of psychiatry in Japan and educated a number of psychiatrists who later had great impact on the development of psychotherapy. At the same time, however, psychoanalysis was confined primarily to studies and practiced exclusively among doctors, but not among other helping professionals.

After World War II, an educational mission was sent to Japan from the U.S. to promote liberal education and to reform school curriculum accordingly in late 1940's. (Hayashi, Kuno, Osawa, Shimizu, & Suetake, 1992). At this time, the concepts of counseling and guidance services were first introduced to Japan. In 1951 and 1952, American psychologists held three-month-long student personnel services (SPS) workshops in three major universities in Japan. These intensive SPS workshops established the foundation of counseling services in Japan, and Japanese workshop participants later founded student counseling centers at a number of Japanese colleges and universities (Sawada 1957).

In 1961, Carl Rogers visited Japan and offered a number of workshops throughout Japan during his 6-week visit. This visit had a great impact on the development of counseling in Japan, because Client-Centered

Therapy brought by Rogers not only appealed to counselors and psychologists, but also to a variety of helping professionals in business, governmental, educational, and other clinical settings (Hayashi, Kuno, Osawa, Shimizu, & Suetake, 1992). Client-Centered Therapy had one of the most influential roles in the development of counseling in Japan in that it opened counseling to helping professionals in various fields as well as to the general public.

After Client-Centered Therapy was introduced, other psychotherapy/counseling approaches were introduced to Japan. The introduction of additional approaches is illustrated in the chronology noted below, in which we see the introduction of various organizations related to psychotherapy and counseling.

- Japan Psychoanalytical Association (1955)
- Japanese Association of Behavioral Therapy (1974)
- Japanese Association of Humanistic Psychology (1982)
- Association of Japanese Clinical Psychology (1982)
- Japan Association of Group Psychotherapy (1983)
- Japanese Association for Family Therapy (1984)
- Japanese Association of Brief Psychotherapy (1995)
- Japanese Association for Cognitive Therapy (2001)

Among these associations, the Association of Japanese Clinical Psychology (AJCP) is the largest and most influential in Japan, with 12,033 full members and 5,537 associate members (Association of Japanese Clinical

Psychology, 2007). In fact, the AJCP is the largest organization among all other psychological associations in Japan.

Regarding licensure as a psychotherapist/counselor, there is no national licensing system in Japan as yet. In 1998, however, the Japanese Certification Board for Clinical Psychologists (JCBCP) was founded by leading clinical psychologists and academicians, and started to certify clinical psychologists based on their certification system. In order to be certified as a clinical psychologist, it is required to complete 2 years of a Master's program in clinical psychology accredited by JCBCP, and to accumulate a prescribed number of clinical hours during and/or after the graduate program. In 1990, The Ministry of Education acknowledged JCBCP as an official foundation. As of 2007, there are 15,097 certified clinical psychologists in Japan (Japanese Certification Board for Clinical Psychologist, 2007).

In the past 10 years, counseling services have become much more accepted and well known to the Japanese public. This is partly because the Ministry of Education and Science started to provide a significant budget for the assignment of school counselors to every public junior and senior high school in Japan in 1995 (Ministry of Education, Culture, Sports, Science, and Technology, 2007). This was because the Ministry of Education, Culture, Sports, Science, and Technology felt an urgency to solve increasing serious problems in schools, such as school phobia, bullying, and deterioration of class management.

Along with the development of counseling services in Japan, a few other changes had taken place. First, the word "counseling" started to appear more often in the media, such as newspapers, magazines, and books. The word "counselor" was even used for non-psychologists, such as cosmetologists and financial planners. The image of counselor started to be portrayed in TV drams, novels, and comic books. As a result of these changes, counseling services have become more familiar to general public.

In Japan, certain stigma for counseling services still exists. Especially within the older generation, there is a negative image of counseling in which only people with severe metal problems seek the services of a counselor. More and more Japanese people are using counseling services, but many of them are not accustomed to the idea of paying money for psychological services. Therefore, many Japanese people use free counseling services that are embedded in their own organizations, such as schools, universities, and companies, rather than private counseling services. Except for psychotherapy and clinical assessment in psychiatry, psychological services are not covered by the medical insurance. That is why it is still difficult for psychologists to make a living as private practitioners, except in Tokyo. In spite of these limitations, it is expected that the use of counseling services will continue to grow in the field of education, career, medicine, and community services.

Japanese studies related to master therapist research

The number of research studies related to master therapists is quite limited in Japan. In fact, there were only three published research articles on this topic as of February 2008 (Takeshima, 1993; Shinpo, 1998; Shinpo, 1999). In this section, I will critically review these research studies and clarify methodological concerns.

Takeshima, Sugiwara, Nishimura, Yamamoto, & Agari (1993) conducted a survey study the manner in which years of clinical experience demonstrated an impact upon the contents and skills of psychotherapy. A survey questionnaire was created based on several different questionnaires, such as Therapist Orientation Questionnaire (TOQ; Sundland & Baker, 1962), Fey's Questionnaire (Fey, 1958), and Usual Therapeutic Practice Scale (UTPS; Wallach & Strupp, 1964). This survey questionnaire consisted of 65 questions, including questions related to clinical experience, average number of therapy sessions in a week, problems and issues of patients, therapeutic orientations, and therapeutic attitudes and behaviors.

The questionnaire was sent out to 500 psychotherapists or psychiatrists in three most major professional psychotherapy/psychiatry associations in Japan. Response rate was 44.5 %, and the researcher decided to use responses from 212 subjects, after excluding five insufficient responses. 212 subjects were then divided into four groups, depending on the years of clinical experience (clinical experience less than 4 years, 5-10 years, 11-15 years, and more than 16 years).

A chi-square analysis (the number of therapeutic skills used in therapy x years of experience) revealed that the subjects with longer experience used more variety of therapeutic skills. In addition, a factor analysis regarding therapeutic attitudes and behaviors revealed four major factors; psychodynamic framework of understanding clients, active treatment planning, therapist's directiveness, and flexibility in therapeutic relationship. Then, a 4 x 4 ANOVA (therapeutic attitude and behaviors x years of clinical experience) was conducted. Analyses showed that: 1) subjects with less than four years of experience were more directive in therapy compared with other subjects with more experience, and 2) subjects with 5-15 years of experience used more psychodynamic understanding of the client compared with subjects with less than 4 years or more than 16 years of experience.

Additional analysis was conducted, and 144 psychotherapists were divided into 8 groups to conduct a 4 x 2 ANOVA by main therapeutic orientations (brief therapy, behavior therapy, client-centered therapy, and psychoanalytic therapy) and years of experience (subjects with less than 10 years vs. subjects with more than 11 years). The results showed that regardless of therapeutic orientations, 1) subjects with longer clinical experience depend less on psychodynamic framework, 2) subjects with longer experience are more active in treatment planning, 3) subjects with shorter experience tend to be more directive whereas subjects with longer experience tend to be less directive and more accepting, 4) subjects with more than 11 years have much less differences in the use of therapeutic skills compared with subjects with less experience.

This study was important in that the researchers gained information regarding therapeutic practice from a considerably large number of psychotherapists and psychiatrists. It was also notable that they compared the differences of therapeutic attitudes and behaviors based on length of clinical experience, which helps us understand the unique characteristics of expert therapists more clearly.

Some weaknesses of the study were as follows: First, there was no data reported in the article regarding reliability and validity of the questionnaire in the study. Because the researchers have created an original questionnaire based on several different questionnaires, checks for reliability and validity is essential. Second, it was regrettable that more than half of the subjects were psychiatrist (Ss = 128), and the number of psychotherapists was smaller (Ss= 85). Because the nature of work between psychiatrists and psychotherapists is considerably different, the results of the study could also have been quite different if they only used psychotherapists as subjects. In other words, generalizability of the study to psychotherapists is limited. Third, as Skovholt (2003) pointed out in his article, therapists with longer experience are not necessarily more competent. Therefore, characteristics of therapists with longer experience may or may not be characteristics of master therapists in general.

Shinpo (1998) qualitatively analyzed the therapeutic process of a Japanese master therapist by reviewing videotaped consecutive therapy sessions from two different clients. The master therapist in this study was a Japanese clinical psychologist in her 40's with more than 15 years of clinical experience. In

addition to videotaping the session, the researcher interviewed the master therapist regarding her treatment planning, decision making process, philosophy of her therapy, and therapeutic orientations. Based upon the therapy process models proposed by Shavelson (1973) and Fujioka (1982), the researcher created four frames of reference for qualitative analysis: getting clues, setting working hypotheses, making decisions, and performing interventions. Protocol analyses were conducted by using videotaped therapy sessions and audio-taped interviews.

Qualitative analysis clarified several characteristics of a master therapist. Those are: 1) existence of long-term and stable treatment planning, 2) use of multiple levels of information in selecting specific skills and interventions, 3) keen observation, 4) flexible adaptation to situational change, and 5) high level of sensibility to client's feelings and interpersonal patterns.

Although this is one of only a few research studies on this topic in Japan, it has some serious weaknesses. First, the definition of master therapist is not sufficient. In the article, the author defined master therapist as a therapist with more than 10 years of clinical experience. However, year of experience does not necessarily correspond to expertise in therapy, as Skovholt (2003) pointed out in his research. Therefore, master therapist should be defined in a way that is closely related to expertise. Second, the selection process of the master therapist is unclear. It was not described at all in the article the manner in which this therapist was selected, nor were the standards of selection indicated. Although some information regarding this therapist, such as clinical work

history, current work, educational and training experiences in therapy, therapeutic orientation, was given in the article, justification for selecting this particular therapist as a master therapist is considerably weak. Third, the number of master therapists in the study was too small. As only one therapist was analyzed in this research, generalizability of the results is significantly limited. Forth, qualitative analysis method was weak. The author did not specify what kind of analysis method was used, but merely mentioned that protocol analysis was done and categories and themes were extracted (p. 38). Thus, information regarding the analysis method was insufficient. In addition, the author stated that the analysis was mostly done by himself alone, which introduces threats to validity of the analysis and categorization.

Shinpo (1999) conducted a similar research study the following year. In this study the researcher interviewed two counselors with intermediate experience (clinical experience between 7 and 10 years). First, actual therapy sessions of these therapists were videotaped. Second, the researcher interviewed them while reviewing the recorded session together and asked the therapists how they paid attention to important clues in the session, how they generated working hypotheses, and how they selected specific interventions and carried them out. These interviews were all tape recorded. Third, interview contents were qualitatively analyzed until categories and themes emerged. Then, the results were compared to his previous study of master therapists (Shinpo, 1998) to clarify similarities and differences between intermediate therapists and master therapists.

According to the researcher, similarities between intermediate and master therapists are that: 1) a high level of coordination among short, middle, and long-term treatment planning, and 2) well-integrated use of different therapeutic skills. In terms of differences, master therapists had: 1) a higher level of sensitivity and meta-cognition, 2) larger number of channels for receiving information and smoother decision making process, 3) higher ability to vividly recall and describe therapy sessions, and 4) higher ability to create and execute extemporaneous and creative interventions.

This study possesses several weaknesses. First, qualitative analysis was conducted mostly by one researcher, which weakens the validity of analysis. Second, selection criteria of two intermediate therapists was not explained in the study. If two therapists were selected merely by a convenient sampling or connections with the researcher, this research may have serious selection bias. Third, generalizability of the results is questionable because this research had only two subjects. Forth, the age range of four clients in this study was limited to 22-28, which further limits generalizability of the results. Fifth, qualitative analysis method was not clearly defined. It appears the researcher created an analysis method of his own, and there was no reference to well-established standard qualitative methods, such as grounded theory approach (Strauss & Cobin, 1990) or Consensual Qualitative Research method (Hill, Thompson, & Williams, 1997). Thus, we cannot help questioning the validity of his analysis method.

Conclusion

The purpose of this chapter was to critically examine past research studies regarding characteristics and behaviors of master therapists. Critical review of quantitative research clarified several methodological issues. First, sampling of master therapists were not reliable in several studies, such as recruiting therapists from personal contacts, or limiting therapists with either psychodynamic/interpersonal orientation or cognitive/behavioral orientations. Second, representativeness of master therapists was questionable by mainly sampling therapists who were male Caucasian therapists. Third, presenting issues of clients tend to be limited to anxiety and/or depression, which reduces generalizability of the studies. Forth, most of the quantitative studies focused on behavioral aspects of therapist, and failed to examine therapists' internal variables, such as values, philosophies, personality, and other characteristics. Fifth, most of the studies focused on only one therapy session, and failed to investigate the therapy process, which evolves throughout consecutive therapy sessions.

Critical review of qualitative studies revealed that most of the studies lack in multicultural and international perspective. Second, clients' perception of therapist competence was not considered when examining master therapist characteristics. Third, it was recommended that future studies compare master therapists and novice/intermediate therapists to further clarify unique characteristics of master therapists. Forth, it would be more desirable to

incorporate developmental perspective in master therapist studies, investigating what kind of past experiences impacted master therapist' optimal development.

Regarding qualitative and quantitative studies related to therapist expertise in Japan, the number of research done in Japan is quite limited. Methodologically, qualitative studies done in Japan interviewed only one through three therapists, which greatly limited generalizability of the studies. It is desirable to interview as many therapists as US master therapist studies to increase generalizability and validity of the study. Third, the Japanese studies only focused on therapist's behavioral and cognitive functioning, failing to examine more internal personal characteristics.

Overall, it was recommended that conducting both qualitative and quantitative master therapist studies internationally be necessary to further develop this research field. International comparison studies inform therapists in each country will give some insight into how theories and practices could be different from culture to culture, and facilitates the development of optimal therapy practice for each culture while identifying universally effective aspects of therapy and counseling.

Chapter Three

Methodology

Data Collection

In this study, 11 Japanese master therapists were selected from all across the country of Japan. The selection procedures for Japanese master therapists were similar to the sampling methodology in the Jennings and Skovholt (1999) study, which utilized a peer nomination procedure.

Selection procedure

To begin the nomination procedure, board members of the three largest Japanese professional associations relating to clinical psychology were approached by invitation letters for this study. One of these associations was the Association of Japanese Clinical Psychology, which is the largest psychological association in Japan, with more than 19,000 members in 2009. Most of the members are professional clinical psychologists, university faculty members or graduate students in clinical/counseling psychology programs. The second association was the Japanese Society of Certified Clinical Psychologists, which had 19,830 members in 2009. This is a professional association which consists of certified Japanese clinical psychologists. The third association was the Foundation of the Japanese Certification Board for Clinical Psychologists. This association was founded in 1988 as a credentialing body whose task was to certify Japanese clinical psychologists. Its board members are mainly university professors in the field of clinical/counseling psychology. These three associations were selected as

a pool for nominees due to their size, their broad range of influence, and because they are most representative of the professionals engaged in clinical psychology and psychotherapy in Japan. Additionally, it was believed that the board members of these associations would have knowledge of Japanese psychotherapists in breadth and depth. The board members having active involvement with various activities, such as organizing professional conferences where a number of therapists present their real therapy cases, providing supervision for a number of psychotherapists, and setting important guidelines and curriculum for therapy training, makes them a logical source of contacts and referrals. Moreover, majority of these board members are pioneers in the field of clinical psychology in Japan, and they have developed the practice, research, and training of psychotherapy as a team for half a century.

The number of board members for these three associations was 25, 23, and 28, respectively. A total of seventy-seven board members were contacted via postal invitation letters. In the invitation letters the purpose, method, and procedure of this research project were delineated, and respondents were asked to nominate three master therapists. Borrowing from the Jennings & Skovholt (1999) study, each respondent was asked to nominate three master therapists based on the following criteria: (a) This person is considered to be a "master therapist," (b) this person is most frequently thought of when referring a close family member or a dear friend to a therapist because the person is considered to be the "best of the best," and (c) one would have full confidence in seeing this therapist for one's own personal therapy. It was particularly emphasized that the names and other

identifiable information of nominees and nominated therapists will be kept strictly anonymous. Postal letter, rather than e-mail letter, was selected because sending an e-mail message to someone who is not an acquaintance could be regarded as impolite in Japanese culture. As a method to contact someone for the first time, postal letter is a more polite and preferred way in Japan. Approximately three weeks after the first invitation letter was sent out, the researcher sent out the second letter as a reminder for those who had not yet responded to the request. Consequently, 52 out of 77 board members responded to the invitation letters, and the response rate was 68.4 %. The total number of master therapists nominated through this process was 70. Out of 70 different therapists, 51 therapists received one nomination, 5 received two nominations, 3 received three nominations, 3 received four nominations, 3 received five nominations, 3 received six nominations, and the remaining two therapists received seven and nine nominations, respectively.

A minimum of four nominations was chosen as the cut-off point for the master therapist interview group. The number of therapists who have received four or more nominations was 11, this number of therapists was considered as optimal when balancing the breadth of various therapists and depth of each interview. The percentage of the therapists who received four or more nominations yielded 16% of all the therapists nominated, and accounted for 47% of the total number of nominations (61 of 131). The mean number of nominations for this 11 selected master therapists was 5.5, within the range of nominations between 4 and 9.

Respondents

Subsequently, these 11 therapists, having received 4 or more nominations, were contacted via postal invitation letters to participate in a 90-minute, in-depth interview. All but one therapist agreed to participate. Of the ten master therapists who were interviewed, two of them were female, and eight of them were male. With regard to their educational level, 7 of them were Ph.D. clinical psychologists, one of them was a M.A. clinical psychologist, and 4 of them were psychiatrists (two of them were both psychiatrists and clinical psychologists). Eight out of 10 master therapists held licensure as Japanese clinical psychologists. Their age ranged from 58 to 85 (M=72.2, SD=7.66), and their years of experience ranged from 34 to 60 years (M=46.1, SD=6.90). In terms of the theoretical orientation, three of them identified themselves as psychoanalysts, 6 as integrationists, and one of them created his own therapeutic approach, integrating the body and mind. Six of them were university professors teaching clinical psychology to graduate students, while practicing psychotherapy on a regular basis. Four of them were practicing clinical psychologists/psychiatrists working for a hospital or a private clinic.

Table 1: The Number of Nominations received by Japanese Nominees

Number of Nominations	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Number of Nominees	51	5	3	3	3	3	1	0	1

Table 2: Age Range of Japanese Master Therapists

Age Range	**51-60**	**61-70**	**71-80**	**81-90**
Number of master therapists	1	2	5	2

Table 3: Demographic Information of Japanese Master Therapists

Th. #	Years of Experience	Education	License(s)	Orientation
1	60	Ph. D.	CP	Integrative
2	40	Ph. D.	CP	Integrative
3	45	Ph. D.	CP	Integrative
4	43	M. D.	CP, MD	Integrative
5	34	M. D.	CP, MD	Psychoanalytic
6	50	Ph. D.	CP	Psychodynamic
7	49	M. D., Ph. D.	MD	Integrative
8	45	M. A.	CP	Integrative
9	50	Ph. D.	CP	Integrative
10	45	M. D.	MD	Psychoanalytic

CP: Clinical Psychologist

MD: Medical Doctor (Psychiatrist)

The primary interview method used for this research was a semi-structured interview questionnaire with 17 open-ended questions. This questionnaire was used as an interview guide, which gave a certain level of structure to efficiently capture the essence of the research questions, while leaving room to be flexible and conversational according to the nature of the individual interview and the master therapist. Thus, although the interview followed the interview guide questionnaire in general, the order and the wordings of these questions were modified for each master therapist.

The interview guide questionnaire was created as follows. First, the author prepared 20 interview questions based on past research and discussion with two other Japanese clinical psychologists. Sixteen of them were translated from Jennings and Skovholt (1999) study, and four more questions were added to clarify the factors that facilitated the development of master therapists, and how to incorporate those factors into the therapist training. Subsequently, the author asked two experienced senior psychotherapists to participate in a pilot interview, using these guiding questions, to see whether wordings and the contents of the interview questions are sound and appropriate for Japanese master therapists. After these pilot interviews, the author inquired about the appropriateness of the interview questions, and based on the feedback, the author revised the questionnaire.

Interview Protocol

Interviews were conducted in Japanese at the respondent's clinic or laboratory, and all the interviews were recorded by a digital recorder. At the

beginning of the interview, the researcher explained the purpose and the procedure of the interview, and each respondent signed a research informed consent form. The duration of the interview was approximately 110 minutes on average, and was conducted in Japanese.

Data Analysis

After all the interviews were conducted, the digitally recorded interview data was transcribed in Japanese. Based on the transcription, common characteristics of Japanese master therapists were extracted mainly through grounded theory approach (Strauss & Corbin, 1998). This approach was employed because the researchers preferred to start the analysis from direct experiences of master therapists, rather than the researchers imposing prior assumptions and hypotheses. Thus, the data analysis in this research proceeded from identifying the smallest unit of data, called concepts, to synthesizing into broader themes, categories, and domains, the largest unit in the analysis. We also employed core procedures of Consensual Qualitative Research (CQR) (Hill et al., 2005; Hill, Thompson, & Williams, 1997) methodology. Instead of one researcher conducting all the analysis, we had a team of four clinical psychologists who collaboratively analyzed the data. We had two male researchers (one of which was the author) and one female researcher, as well as one male auditor who was a senior psychologist. All of us are professional clinical psychologists and university faculty members, and had extensive experiences in qualitative analysis. As recommended by Hill et al. (1997, 2005), the auditor observed the whole

analysis process, and provided feedback and comments at various stages of the analysis.

To begin the analysis, each of the three researchers individually read the transcription line-by-line, and wrote a few words which best represent the core meaning of smallest unit of data, which was usually one to several lines. After each researcher completed this coding process, then three researchers came together and discussed whether a concise concept was chosen for an appropriate quotation. A concept was employed only when consensus was achieved among the three researchers. Each concept and the corresponding quotation were recorded to a computer by using a qualitative analysis computer software, called MAXqda. After the concepts were extracted by this process for all the 10 transcriptions, each concept and the quotation was printed out on the same card. At this point, a total of 825 concepts were identified.

Next, the researchers proceeded to perform a cross-case analysis (Patton, 2005), where the researchers carefully read all the concepts, and these concepts were sorted into various different groupings based on the content similarities of concepts, until appropriate groupings emerged. These groupings were organized from smaller to larger units, such as themes, categories, and domains. This process was again conducted using a team effort, with three researchers and one auditor. Different groupings and naming were discussed until all the researchers reached a consensus. From this process, 79 preliminary themes and 18 preliminary categories were identified. .

After one week of being engaged in this process, researchers had another research meeting, and re-examined the data for more concise and robust groupings. Themes which had a small number of quotations (5 or less) and a small number of therapists endorsing it (3 or less) were eliminated. In addition, based on the feedback from the auditor and further discussion among the researchers, some units of data cards were reassigned to a different group, and/or more appropriate descriptors were employed for themes and categories. As a result, 18 themes and 5 categories were determined through a process of consensus. Appendix B shows the way in which 18 themes under 5 categories were organized. After this extraction process of themes and categories, the quotations that seem most appropriately representative of each theme were selected.

Chapter Four

Results

From the qualitative analysis of the interview data, five categories have been identified: (1) Cultivating Abundant Learning, (2) Perceptive Understanding of Self and Others, (3) Effective Intervention, (4) Relationship Building with the Client, and (5) Therapist's Humanity. In this section, each category and its subordinating themes are explained with representative quotes from the interviews.

Category A: Cultivating Abundant Learning

This category indicates that Japanese master therapists possess proactive and creative learning styles, which enable them to process massive amounts of information and stay open to new learning opportunities.

Theme 1: Proactive Learning Style. Japanese master therapists maintain high levels of curiosity and professionalism that motivate them toward proactive learning. Rather than being remaining passive and waiting for someone to teach them, they creatively seize every opportunity to learn about human minds. One therapist explained his passionate efforts to learn a wide range of therapeutic approaches in order to be as helpful as possible for his different clients.

> There is no absolute recipe regarding what to do to facilitate people change. So, when I heard that psychoanalysis was quite effective, I tried it, and I learned that it is effective for some people but not at all for others. Then, I sought out another effective approach, and I had practiced

> behavioral approach for a while, which was indeed effective. However, I found out that certain clients could not benefit from this approach, so I made a lot of efforts to learn another approach: image therapy.

Another therapist stressed that it is imperative to learn through actual experiences and find an approach that one can be passionate about.

> I think it is essential to explore and choose an approach in which you can feel convincing, passionate, and meaningful. In my case, I have experientially tried different approaches, rather than learning only from theories and books, and I chose psychoanalysis because it felt most convincing for me. I would say, when therapists start their career, they can try out different approaches and practice something they feel comfortable with.

Another therapist expressed the importance of active learning as follows:

> If you find a therapist/psychologist you feel in tune with, you should actually go and meet that person. Here, it is important you actively try to find this kind of person by yourself. It is too narrow to learn only from professors in your university. At a national level, you try to find someone you want learn from, and go to see him/her. You may sometimes find someone unexpectedly disappointing, but it is part of this process. It is important that you proactively engage yourself in this exploration process.

Related to learning from various sources, another therapist emphasized the importance of learning from outside the psychotherapy as follows:

> Professionally, it is important to receive supervision as well as educational analysis. Other than that, I think it is important to have a method for self-reflection. I would add another method, which is to read literature. It is no use, in fact, to read theoretical books regarding psychology, because it only strengthens intellectualization and weakens interpersonal sensibility. Rather than that, I would recommend reading books that are not related to psychology. We encounter real people and their lives. And I believe we can learn about subtleties and complexity of human interactions from literature.

More than half of the interviewed therapists made reference to the ongoing learning from group supervision and case conferences. One therapist described his learning experience from group supervision.

> I was lucky to have access to a supervision group regarding psychotherapy and counseling. At the beginning, we organized the group once a week approximately from 8 p.m. to 12 a.m. after the medical practice was over…I have attended almost all the sessions every week for 20-25 years, and this supervision group helped me a great deal to hone my competence as a therapist.

It is notable that 7 out of 10 Japanese master therapists have had experience studying psychotherapy abroad, and many of them identified their experiences studying abroad as important turning points in their careers. One therapist described it as follows:

> One of the biggest turning points in my career was to actually go to the United Kingdom to see and experience real psychoanalysis, and then cherish and nurture its experience by myself.

Theme 2: Abound in Ingenuity. Japanese master therapists seem to be interested in learning something new, and in creating a new body of knowledge and practice based on that new learning. One of the therapists described the renewal process of his therapy style where he discarded his previous style and started over again in order to refresh himself and become more flexible.

> It may be necessary to get hooked on a particular therapeutic style first, in order to be free from its limitations eventually. Learning a certain style is an entrance, but there is a different exit….First, people may cling to a certain style to create a form. The older the therapist becomes, however, the harder it becomes to break the form. When you break the form you created, you have to start over again from the beginning, which is true self with only flesh and blood, nothing else. Therefore, this renewal process may require certain level of ego strength…capacity to break and start over.

During the therapy process as well, master therapists seek for something new. One of the master therapists described how carefully he pays attention to both new materials and changes in the client.

> One of the indications when therapy is going well is that you can find new materials in the therapy session. Something new is always happening during the session, such as you hearing something you have not heard before, or the client talking about the same episode from a different point

> of view. That is when I feel that the therapy is going well, and I feel a sense of satisfaction somewhere in my mind, such as "Oh, this is interesting!" or "Good, something new is emerging here." In that sense, conducting a therapy is about discovering something new.

As described above, Japanese master therapists continue to seek something new in the client and the therapy process, as well as engage themselves in the process of renewing therapeutic style as well as the therapist him/herself.

Theme 3: Diligently Manage Massive Learning. The master therapists interviewed emphasized that there is no shortcut to becoming a competent therapist, but that it is important to maintain quiet dedication to massive and life-long learning. One of the master therapists described his willingness to work hard to understand the client during his experience studying abroad as follows:

> It was so challenging [to conduct a therapy in English]. Clients often complained that my English was incomprehensible, and I challenged them by saying, "You tell me where you don't understand." I bought a tape recorder and asked them to allow me to record the session. If there were parts I didn't understand during the session, I would perfectly understand everything by the next week by listening to the tape…Clients talked about TV programs or movies, but I didn't understand them at all, since I had not watched them. It was not only about English as a language, but I had to understand the client's life context. So, I always went to my supervisor, and asked him the meaning of parts I did not understand by using the session recording. It was hard, but I learned a lot from this process.

A group of therapists also mentioned that there is no end goal in learning. One therapist explained it as follows:

> When I compare my present self with myself 20 years ago, I think I can see things today that I did not see then. However, I am more aware of the fact that there are so many things that I don't know or I don't see, which makes me realize more clearly how ignorant I am.

On the same theme, another therapist put it this way:

> Strictly speaking, there is no place where you can say, "I have been there, I have done that" or "I have achieved this much." It is just that I am here today tentatively on this ever-lasting continuum of learning. Once you become narcissistic, you just slip down from this process. It takes so much effort to stay on this learning continuum, but it takes only a second to fall down from it…and this is a challenge for us on this path [as a psychotherapist].

Japanese master therapists also mentioned the importance of accumulating clinical learning from diverse clinical settings. Years of experience do not necessarily assure competence; diverse and dense clinical experiences are essential. One master therapist said:

> What was most influential in terms of my therapist development was my clinical experience with clients. I have met various clients while working for different institutions, such as a university hospital, a psychiatric hospital, psychiatry unit in a general hospital, a university counseling center, private clinic, and women's counseling center…It was important

> that I have met diverse clients and had difficult experiences: such as when a client burst into my private home; a client called me every so often; or a client tried to sue me. Through these various experiences with diverse clients, I have been trained as a therapist.

Theme 4: Learning from Great Mentors. Most of the master therapists mentioned the importance of learning from their great mentors. One master therapist explained the importance of great mentors as follows:

> The most important and influential experiences were encounters with a great mentor. It was not necessarily establishing a formal relationship as a great mentor and an apprentice, but meeting someone you respect as a great mentor. This process of devoting myself to the great mentor, and then departing from him/her was important to me.

Another therapist described the professional and personal influence one great mentor had on him:

> I entered this world of psychotherapy, because I wanted to absorb so many things from Professor "A". He was the first person whom I recognized as a great mentor, and his influence was immense. For example, because Professor A was such a sincere person, and I wanted to behave like him, I consciously made efforts to relate to others as equal and as fair as possible.

Regarding therapist development, one master therapist spoke as follows:

> Someone I see as growing well as a therapist has some kind of life master. It does not have to be a supervisor but someone you can look up to or

someone you hold admiration for. I have this impression that a therapist who has this kind of great mentor is becoming a competent therapist.

Theme 5: Existence of Supportive Environment. Although Japanese master therapists emphasized the importance of self-discipline and personal efforts, they are also cognizant of there being a supportive environment which facilitates one's development. This supportive environment includes supervisors, significant others such as parents, and happenstance that led them to particular direction, in addition to the great mentors noted in the previous theme. A master therapist mentioned the impact of loving parents:

> When I think of a master therapist, I can see that his/her parents must have truly loved this person and raised him/her preciously and warmly. Because of that upbringing, a master therapist has a capacity to trust others. Regardless of the situation, he/she can fundamentally trust people…and I think this [trust in people] plays an important role in therapy, because psychotherapy is based on encountering with someone, and making use of one's personality. So, in that situation, one's most fundamental essence shows itself, I think.

Several master therapists mentioned that they did not consciously choose a path as a psychotherapist, but were guided or carried away due to a series of happenstances. One therapist described it in the following way:

> When I look back my path, I have not really chosen anything. It has been happenstance after happenstance, and its accumulation. My path has changed over time, and I have not chosen much by myself…how much I

> have chosen, and how much I have made to choose is a difficult question…In my case, I think that the part I have made to choose was much bigger, but once I was chosen and I stand on a position, I devote myself 100% to that, without escaping from it. Then, after a while, I find myself standing somewhere else, somewhere on a border. It is hard to understand why I have come this far this way, but I strongly sense something fateful.

Category B: Perceptive Understanding of Self and Others

This category illustrates the importance of in-depth self-reflection, understanding the client with both depth and breadth, and the capacity to hold seemingly contradicting aspects and synthesizing them into a deeper knowing or understanding.

Theme 6: In-depth Self-Reflection. Japanese master therapists repeatedly stressed the importance of self-reflection in order to examine one's motivation to become a therapist, as well as embrace parts of oneself that are difficult to accept. One master therapist explained as follows:

> One can only understand another depending on how deeply one is willing to dig one's well, called mind. In other words, the therapist can enter the depth of the client's mind in proportion to the depth of mind the therapist was able to explore. Thus, unless you are in touch with your own pain and darkness, you cannot truly touch the client's depth of mind, even if you may be able to find them from a far.

Another therapist mentioned the importance of examining one's own motivation to become a therapist.

> In order to become a good therapist, I think the most important thing is to confront the "self." In particular, examining your own motivation is important, such as why you want to do psychotherapy, or why you are interested in this work…If you could confront your own blind spots through supervision or personal counseling, then you may be able to make some change, and then, you may be able to become a therapist who can truly be of service to others.

Another therapist identifies the danger of being a therapist who is not well aware of his/her own feelings during a therapy session:

> When therapy is not going well, this means that the therapist does not know about him/herself, or the therapist is not able to monitor his/her own feelings during the session. For example, when a therapist is quite anxious, angry, or sexually stimulated, then he/she would be swung by it, or some kind of brake might function to suppress that feeling. If s/he were swung by the feeling, s/he might act strangely, but if s/he suppressed it instead, then that part of him/her would not function, and it would compromise his/her competence as a therapist. That is why it is important to monitor the movement of your feelings, recognize them, and then respond to the client.

Theme 7: Finely-tuned understanding of the client. This theme indicates precise understanding of the client through empathy, awareness of the client's subtle signs

and details, careful understanding of the client based on facts, and accurate and rapid processing of a rich variety of information. One therapist described precise empathy as an important characteristic of master therapists as follows:

> What is important is how closely you can empathize with the client…Even when you are saying something very appropriate or giving good advice, if you don't understand the client's feelings, then the expression of your remark becomes harsh, and the client won't receive your remark. If the client has feelings of envy or hatred, then the more you say something appropriate, the more the client wants to deny what you say. Thus, it is extremely important to express your ideas while you take the client's current feelings into consideration. In addition, even for feelings that could be verbally expressed as sadness or hatred, we need to imagine how it will be experienced as a whole person, and empathize with the feelings or emotional perspective of the client. Otherwise, you cannot grasp the subtlety of that feeling, and the expression of your empathy could be harsh and out of alignment.

Another master therapist succinctly described the processing of large amount of data, using a traditional Japanese textile called "Mekura-jima."

> "Mekura-jima" is a traditional Japanese textile for the Kimono which had been produced between Edo and Showa era. In this textile, extra fine stripe patterns are interwoven. And because those strip patterns are so fine, it seems like an unpatterned Kimono, unless you take a very close look at the

> textile. Normal solid-color textile, however, cannot express this subtle coloring of “Mekura-jima”. …When the amount of information being processed simultaneously has dramatically increased, the parts that do not fit in so well with verbalization has also increased…In other words, when the amount of information is too large, and data may merge into, or influence with each other infinitely, it does not fit in with a previous formula anymore. What you can grasp is its atmosphere.

The same therapist described how he pays attention to subtle and detailed information of the client as follows:

> For example, let’s say I posed a question to the client. The vibration of the sound travels through the space between the therapist and the client, enters the drum membrane of the client’s ear, is processed in his/her brain, and the client responds. If you pay careful attention to the time between the question and the response, you can sense whether a certain thought process is intervened, such as different kind of thoughts are suppressed or denied, by the subtle time gap. If this gap is always happening, then the brain must be fatigued, and there is a possibility of clinical depression, even if the client is smiling on the surface. But if the client has been talking and only a part of the conversation has a subtle gap, then it means that certain thoughts are omitted. I think it is important to pay attention to such a subtle detail…”God exists in subtlety,” so to speak. Important things exist in a corner. What you can see on the surface is like a table of contents. Real contents belong to somewhere more clandestine.

Another therapist described precise and rapid information processing during the therapy session as follows:

> [For master therapists,] Large amounts of usable knowledge and experiences are always ready for the right direction. In addition, the therapist can detect a subtle sign [from the client] immediately, cross-check the standby knowledge and this sign in a short period of time, and offer the appropriate output.

Theme 8: Being able to take a comprehensive view of the client. This theme indicates the therapist's ability to look at the client and the therapy process in a broader perspective. More concretely, this theme includes elements such as a high competency in case formulation, objective monitoring of the therapy process, and an ability to grasp the client change over time. The following therapist described how she monitors the therapy process:

> It is important to always have a relative viewpoint [in therapy]. It is no doubt that creating a working alliance, as well as getting in touch with the client's deep inner world is important. However, some therapists pay too much attention to these aspects. I think it is important to ponder what the current therapy session might mean for the client, in relation to the client's continuum of past, present, and future. Further, it would help maintain this balance if the therapist could monitor the therapy process from a relative perspective.

Another therapist discussed how he sees the client's change in the long run, even after the therapy as follows:

> Even after the client positively changed, the image of the therapist stays in the client's mind to some extent. After the termination of the therapy, the client continues to dialogue with the inner image of the therapist. Some clients told me that they thought what I might say in this situation, and this happens even after the termination of the therapy. In other words, the relationship with the therapist is internalized, the therapist's image is incorporated, and the therapist becomes part of the client.

Theme 9: Capacity to embrace antinomy. This theme means the capacity to embrace different aspects that seem contradictory to each other, and find a balance between them. Examples of this balance include a balance between acceptance and challenge, the therapist's professional self and personal self, expertise and ordinariness, theory and practice, and effectiveness and side effects. One therapist mentioned about the balance between acceptance and challenge in the following way:

> If you continue doing play therapy, it will surely happen that the client's demand to play more after the session time is over. It is challenge for the therapist, then, to decline the request with a sense of acceptance. Acceptive decline…you have to be able to live this paradox. Of course, just saying it is not enough. You need to experience the paradox, and live through it.

Another therapist explained the balance between professional and private self:

> Therapy cannot exist without the therapist's own humanity, and who s/he is as a person. It does not mean that you just expose your natural self as it is, but this natural self is aware of the therapist role as well, and offer your whole self to the client. Thus, it is not about the dichotomy between professional and private.

As one of the characteristics of master therapist, one therapist illustrated the balance between the expertise and ordinariness of the therapist:

> [A Master therapist is] Someone whose therapeutic conversation approaches a very natural and normal conversation…it becomes so natural, or at least it appears to be natural, that it may be hard to distinguish between therapeutic and daily conversations. If the therapist arms himself/herself with knowledge, or conducts therapy strictly following theories, therapy wouldn't be like this. Someone who was observing my therapy told me that my therapy was honest. Later, she thought describing my therapy as honest may be impolite, and she restated it as natural. She thought this naturalness reflects my innate character, but it is not true to me. I think my therapy becomes that way after long experiences of therapy and conscious learning.

Regarding the same point, another therapist put it this way:

> "I believe that it is naturally most important to do a normal thing in a normal way without pretentiousness."

Another therapist explained why he values ordinariness, in relation to the side effects of psychotherapy:

> The most influential incident [regarding why I have come to value ordinariness in therapy] was that I became interested in the issue of adverse effects of psychotherapy when I was in my late thirties. I thought there was not anything that had only positive effects. If something has certain effects, then it must have the similar degree of adverse effects. I saw it as a problem that the psychotherapist, or the world of psychotherapy, did not pay much attention to: the adverse effects of psychotherapy. This is why I came to value ordinariness and use ordinary words in therapy. This change coincides with the gradual decrease in the use of Western medicine, and more use of Chinese folk medicine.

Lastly, one therapist summarizes the importance of this theme as follows:

> There is a metaphor which says, warm heart and cool head. I think that the gist of psychotherapy is how we live through various paradoxes, such as intellect and sensibility, or focus and wholeness, with a moment-to-moment assessment as well as a good sense of balance.

Category C: Effective Intervention

This category illustrates how master therapists provide effective interventions for the client. Master therapists perform at a high level of therapeutic effectiveness, while working on multidimensional aspects of the client simultaneously, and offer precise and flexible interventions to maximize the benefits for the client.

Theme 10: Perform a high level of therapeutic effectiveness. Master therapists described the ability to produce therapeutic effectiveness as one of the characteristics of master therapists. Not only do they provide highly effective therapy, but they are also interested in pursuing efficient therapy, which means producing high effectiveness while moderating time and load for the client at a minimum level. One therapist described it in the following way:

> It could be a powerful empathy when you can communicate to the client that s/he does not have to verbalize too much. The heavier symptoms of the client are the more important it becomes to assure the client liberty of not speaking out. What I have been making efforts is to grasp the client's feelings while keeping the spoken contents minimum. When the client talks about various incidents, I pay attention to the client's feelings and treat them by using imagery work, without asking too much detail of the contents. It is my belief that listening to the detail contents is not necessarily imperative for therapy.

Another therapist mentioned about this therapeutic efficacy as follows:

> I think that the clients who come to counseling often have a vicious circle in his/her cognitive, behavioral, and/or interpersonal realm. Therefore, if one part changes, then other parts could cyclically change. When the client is relatively well functioning, cognitive shift could invite more personal change, or just a little bit of behavioral change could change the client and his/her interpersonal patterns…So, I think it is most important that the therapist could be a catalyst for this kind of positive cyclical change.

Theme 11: Multidimensional therapeutic approach. Master therapists report that they attempt to simultaneously work on different aspects of the client, such as parts and the whole, or body and mind. One of the master therapists described his approach as follows:

> [Through my experiences] I have found that the client can live much more freely with aliveness when the client's body and mind are synchronized…On the other hand, the client who is not doing well or feeling depressed has something wrong with his/her body, such as strong tension in the body. In this sense, whether it is negative or positive, mind manifests itself to the body, mostly body posture and tension. Therefore, if the therapist could consciously change the body movement and tension, it would gradually change the mind as well.

Another therapist described the use of language that impinge on both body and mind as follows:

> I have come to use language that transcends body and mind. In other words, I tend to use words that impinge on both body and mind, such as joyful or relaxing. When we use a wordy language, it is too intellectual and does not reach to the body. I pay attention to the use of these words, because I am trying to relate to the being before body and mind is differentiated.

Theme 12: Precise yet flexible intervention. This theme indicates therapist's precise intervention, such as exceptional verbal ability, using questions and clarification to facilitate the client's change and natural inner healing power,

and delicate yet flexible intervention to respect the client's pace. One of the master therapists described his efforts to provide effective questions and clarification for optimal client's change as follows:

> Particularly in the intake interview, some therapists ask questions based on the therapist's theoretical background or associations, but this kind of question would not be considered as appropriate and competent. Appropriate questions start from what the client talked about, and the ones that the client feels natural to be asked in that context, although the client has not asked those questions by themselves. And while answering these questions, the client is gradually encourage to get in touch with the psychological area where s/he has not been clearly aware of…it is also important that the interaction between the two should be somewhat asymmetrical. Rather than responding to the client on the same level, the therapist should post questions from a bit different level, so that the client feels it is natural to answer that question, but it also requires the client to reflect on him/herself a bit deeper. Once, one of my clients told me as follows: "You listen to my story well, then bring the itchy part that is unreachable for me to light, and describe that part using my words." When the session is going well, maybe I am able to interact this way.

Another therapist illustrated his flexible approach to best serve for the client:

> I think it is important to collaboratively do that you feel is right to do with the client at the moment. For example, I called a family court probation officer whom I know, and introduced my client who is suffering from

> domestic violence (of course, with the client's consent). Without being constrained by any form, quickly do whatever feels necessary for the client and what you feel best to do, with the person in front of me. Another example is about the client who was recovering from a traffic accident she had. This client was ready to get well, but the insurance company was not handling the case appropriately. Then, I asked the client whether it is OK to call the insurance company for the client, and called the company. I told the company that I am her counselor, and she is having trouble with your correspondence, and asked the company to handle the case efficiently. I would do this at that very place where my client is sitting next to me. Never postpone it. When you feel it is right to do, never hesitate to do that, with a consent from the client. This is how I do my work. One of my mentors told me that my work as a therapist includes family therapy and social work, and I guess it is true.

Category D: Relationship Building with the Client

This category describes how master therapists attempt to construct relationships with trust and respect between the clients.

Theme 13: Deep respect for the client. This theme illustrates therapist's respectful attitude toward the client, including the master therapist's trust in the client's inner power to change, a belief that the main character in therapy is the client, a willingness to stretch for the client's welfare, and respect for human diversity. The following therapist describes how he sees his client as a potentially

independent and capable person, and believes in the client's inner capacity as follows:

> What I am consciously valuing is that I try to constantly see the client as a self-reliant person who can count on himself/herself, become aware of his/her own needs and feelings, and take care of them. Of course, asking for help as necessary is included as a characteristic of a self-reliant person. Even if the client may not be able to behave this way at present, I still see the client holding capacity to be a self-reliant person in the future…And I think it is also important whether we can consistently sustain the belief in the client's capacity for self-reliance, even when the client's pathology is quite severe.

Another therapist illustrates his belief in the client's inner power for spontaneous healing, and asserts the important role of symptoms as manifestation of this power:

> I consider what may seem to be pathological symptoms as different manifestations of spontaneous healing. Therefore, patients with dementia whose capacity for spontaneous healing is quite low do not manifest pathological symptoms much. On the other hand, children manifest various pathological symptoms, such as fantasies, because children's bodies and brains have rich spontaneous healing power. Thus, what is important here is to understand how to take advantage of this spontaneous healing power, or how to cooperate with symptoms so that those symptoms can realize their innate power.

As a sign for his respect for the client, one master therapist described that he puts highest priority on the welfare of the client:

> The belief, "all is well, if it is good for the client," has gotten stronger for me. I abandoned deciding the appropriateness of the therapy from a certain therapeutic approach, such as saying that the client has become independent, realistic, or better from a particular therapeutic model. Rather, if the client feels a bit better, that is a good sign. I have come to understand that it is meaningful if I can see what the client is feeling now, not from a particular viewpoint or theory, but with eyes which are as unbiased as possible.

Other therapists emphasized the importance of respecting differences and diversity among clients and people in general. One of them highlighted its importance in the following way:

> What each person perceives is different from person to person, and what one perceives is true for that person. That is why truth or reality is different for each person, and this difference could incur misunderstanding, but that is who we are as human beings. Besides, it is why it means a lot that we can give and help each other, and we should keep making efforts how we can understand each other.

Theme 14: Being open toward the client. In order to build a trustful relationship with the client, Japanese master therapists assert that it is important for the therapist to be psychologically open to the client, and to describe the therapist's thoughts and feelings in a genuine way without hurting the client. One

of the master therapists mentioned that he tries to be as open as possible with the client so that trust develops between the two as follows:

> I try to be as honest and candid as possible in front of the client, although there is a fine line between this and consequently hurting the client, and we should be careful about this. One of the clients whom I have been seeing for a long period of time, and who is a female therapist with a borderline personality disorder, got better through therapy, and when the termination of the therapy was approaching, she said that she was thankful to me because her condition is much better, but there was one word that she wanted to leave to me. She told me, "The mouth is the gate of evil." I think she was implying that my candid communication sometimes hurt the client. But when the therapy process is going well, communication between the two gradually becomes candid as in this example. If the process hadn't been going well, then the client would get angry and leave the therapy…When the therapy is going well, the feeling that it is OK to communicate straightforwardly occurs in each other's heart.

Regarding this same point, another therapist asserts that the client can open his/her heart depending on how much the therapist can open his/her heart to the client first.

> I think that the client can open his/her heart, only when the therapist has been able to open his/her heart first. As human beings, only when the other person opens his/her heart, can we open our heart to that person. Thus, I try to open my heart as much as possible in the counseling session. This

> may sound something spiritual, but I believe that if I open my heart, the client would surely open his/her heart, and if the client opens his/her heart, then the client's dormant possibility would gradually bloom.

Theme 15: Active Engagement in the mutually therapeutic relationship. This theme describes the characteristics of master therapists' construction of trustful relationships with clients. More concretely, this theme illustrates the master therapist's capacity to build relational connection with the client at an early stage of therapy, the therapist's deep connection with the client, and emphasis on mutual dynamic process in the therapeutic relationship.

Another master therapist described his image of ideal therapy process in the following way:

> [When the therapy is going well,] The therapist can walk along with the client's inner story and being with that which the client brings to the therapy process. That is when the therapist is living the story and the being with the client. This is what is called transference in psychoanalysis, and the therapeutic process is proceeding when the therapist is living the client's transference together.

One of the master therapists asserted the ability to form a positive relationship at an early stage as one of the important characteristics of master therapists:

> When a master therapist meets someone, s/he can connect with the person at a fundamental level in a relatively short period of time. The client can feel safe or trustful when s/he goes to that therapist.

Regarding the same point, a different therapist illustrated her typical beginning of therapy process as follows:

> Relatively speaking, my first encounter with a client is not bad. Most of the time, at the first session, most clients feel that they want to see me again. My understanding is that it is coming from my personality. Anyway, from a relatively early stage, clients become freely expressive, and I suppose I can start walking with the client earlier than other therapists.

Regarding the in-depth connection between the client and the therapist, one of the master therapists described that critical moment as follows:

> [When the therapy is going well,] I feel that the therapeutic process gets deeper, and I have this sense that the "self" and "other" are merged into one. I am only me, not more than nor less than who I am as a solitary person. The client is also only him/her, not more than or less than who s/he is as a solitary person. This merging process only happens when both the therapist and the client are encountering as solitary persons. The duration of this process is not too long in time, and it only happens a few times in 10 sessions.

In relation to mutual dynamic process in the therapeutic relationship, another therapist described his experience of inter-subjectivity between the client and the therapist, and asserted that accurate and deep empathy is possible when optimal mutual interaction is happening between the two.

> When the client and the therapist are in the therapy session, and the therapist is wondering what to say, I imagined someone called "Mr. Atmosphere-In-the-Space of the therapy session," [which is a figurative metaphor of inter-subjectivity, or co-created space between the therapist and the client]. And when this "Mr. Atmosphere-In-the-Space" gradually came down to the bottom of his heart, and reached a certain feeling, then I verbalized that feeling…Let's say a client is very angry and saying something extrapunitive. The therapist is fed up with listening to the client's story. This is rather a superficial communication. However, when we go down the shared field between the two, we gradually become aware of the possibility that the client is feeling very lonely because whatever he says is not accepted by the society…And it is relatively easy to do this because Japanese is not a subject-prominent language, so we could describe certain feelings and softly share them between the two by not using the subject, such as "lonely, isn't it?"

Category E: Therapist's Humanity

This category describes personal characteristics of Japanese master therapists. It includes Japanese master therapists' personalities, their high level of resilience, and their respect for the profundity of the human being.

Theme 16: Therapist's personality. Japanese master therapists described various personality characteristics as important components of master therapists. Those personality characteristics are grouped into modesty, absence of self-

centeredness and dominance, sincerity, and stability. Particularly, modesty and paucity of self-centeredness were most frequently mentioned by Japanese master therapists. Using a figure from Buddhism, one of the master therapists described the image of master therapist as follows:

> It is difficult to describe a perfect image of a master therapist, but for me, the image of "Myoko-nin" [a term used in Buddhism, which connotes a pious Buddhist who is modest, honest, and idyllic] is closest to the image of an ideal master therapist. "Myoko-nin" is someone with whom you can feel comfortable, warm, and at home when you go to see that person. At the same time, "Myoko-nin" remains inconspicuous, and he does not speak until he is asked to do so. But if someone asks something to him, he listens well and interacts with that person with sincerity. There is a paucity of self-centeredness and dominance for this kind person. Without self-centeredness and dominance, people can become more well-rounded in their personality.

Another therapist also emphasized the paucity of self-centeredness as one of the characteristics of master therapists.

> [A Master therapist is someone] without self-centeredness, and someone who is adherent to the facts. Without these qualities, the therapist wouldn't be able to think and feel with a clear mind what the client really needs. Instead, they would take in the information, filtering it through their own interests and matters. So, master therapists are the ones without self-centeredness. There may not be someone without any self-centeredness

> whatsoever, but someone who has very little of it. It is someone who can give him/herself to the client, without even recognizing it. And I know it is very difficult to do this.

Another therapist mentioned the importance of sincerity as follows:

> [A Master therapist is] someone who is rich in humanity, and someone who is essentially gentle and sincere. And if someone is gentle and sincere, I think it means that s/he has been truly able to face his/her own inner pain, regardless of how much s/he is conscious of it.

Theme 17: High level of resilience. Another important theme of master therapists' humanity is their high degree of resilience. Japanese master therapists seem to have experienced some kind of difficulties in their childhood and/or adolescence, but they have learned important lessons from those difficult experiences and have been enriched by them in some way. It appears that Japanese master therapists place importance on facing the difficulty and sustaining themselves in a difficult situation.

Regarding difficult experiences in youth, one therapist briefly described his sense of alienation as follows: "From my childhood, I had sensed that I was alienated from other people." Another therapist confessed his difficulty in relating with people, which was a source of motivation for becoming a psychiatrist.

> I have somewhat like a schizoid personality, and I am not so good at human relationships. It got better after years of practice, but when I was young, I wasn't good at human relationships at all. I had this sense that it is difficult for me to be a part of society, although that might have been my

> overreaction. So, I thought people like me gravitate toward psychiatry, including psychiatrists and patients. That is why I decided to specialize in psychiatry.

Another therapist mentioned the importance of facing one's own neurotic part and making use of it, as an example of deepening oneself through difficult process.

> Being sophisticated [as a therapist] means to make good use of your own neurotic part. The neurotic part is your sensitive part, and people make that part insensitive when it is painful to face. If you desensitize to it, though, your sensitivity wouldn't develop. Thus, what is important is how we can be able to utilize that sensitive part in a positive way. In the long run, people have suppressed various parts of their lives, and you need to release, or come to terms with those parts if you want to use them for other people. The process of releasing the sensitive parts could be scary, and those who are afraid of this process continue to suppress those parts, which desensitize their various senses, and the interactions with the client remain somewhat ineffective

Another therapist shared his view that therapists may need to experience personal crisis and recover from it as follows:

> [Master therapists might be those who have] once entered difficult situations and have returned from there. And maybe during the hard time, they might have encountered their great mentors, and have found healing. I am not sure, but being psychologically healthy may not be enough for therapists. Let's say you have become aware of your own complex. From

> the definition of complex, being aware of one's complex should heal it, but I realized it doesn't. The more you have complex, the more clients with similar complex will come. And because you have a similar complex, you cannot say to the client that s/he should fix it. What you could possibly say may be, "You have been going through a tough life, too" or, "Maybe you could learn how to live with it a little bit better."

Japanese master therapists also emphasized the therapist's ability to sustain oneself in a difficult situation for deeper and more enriching experiences. One therapist described it as follows:

> Once you start your career as a therapist, you will soon realize that this is not an easy job. Clients do not change as you imagined they would. The challenge is how you sustain yourself in this situation. When your therapy does not proceed as you expect, you may want to suppress it, and quickly revert to using superficial techniques.

Another therapist shared his experience of standing on the cutting edge, even though it was uncertain and unstable process.

> I can gain freshest and most state-of-the-art experience when I am standing on the edge or border, rather than keeping myself at the center. I can learn most when I am there at the edge. Of course, I can say this retrospectively. Standing at the edge is quite challenging and unstable. Being at the center provides much more stability. So, standing at the edge means I always carry this sense of uncertainty, but it also provides something new.

Theme 18: Respect for the profundity of human beings. This theme described the master therapists' deep respect and sense of awe with respect to the profundity of human beings and their minds. A number of master therapists warned against the therapists' possible arrogance that they can completely understand the human mind with psychological explanations alone. One therapist asserts that human mind is not completely graspable as follows: "Eastern people assume that mind is beyond our comprehension…You know "Yui-shiki [Consciousness-Only]" in Buddhism? That concept asserts that what we can recognize is just a tiny part of the whole truth."

Two other therapists described that they have come to realize the complexity and profundity of the human mind more deeply as they have gained more clinical experience over time.

> I have come to realize that human beings are incredibly mysterious beings. Clients don't react as I predict. Some clients react very differently from my expectations, and my words and behaviors could be perceived quite differently from my intentions. There are many things about the client that are beyond my comprehension. Although I entered this world of psychotherapy because I want to solve the mystery of the human mind, I have come to learn that the human mind is so immense and the mystery of the human mind is not easily solvable.

Another therapist explained the same theme as follows:

> [The Human mind is] something like an unfathomed, boundless, and uncertain space. Regarding this human mind, we tend to assume that it is

mostly explainable by psychological theories. However, that is simply our assumption, and the reality could be quite different, when we think about it with calm and objective mind. Thus, the more I have gained experience, the more I have come to be awed by life itself, rather than feeling like I come to understand much more clearly about life.

Chapter Five

Discussion, Limitations, Implications and Recommendations, and Conclusion

Discussion

In this section, results of this study are summarized and discussed in relation to the three main research questions, while comparing with existing literature regarding master therapist research.

Category A: Cultivating Abundant Learning

Japanese master therapists appear to spontaneously cultivate new learning opportunities, such as learning various different therapeutic approaches, actively learning from supervision and case conferences, and studying abroad. They are motivated by their strong curiosity and will to become exceptionally competent therapists. In addition, they seem to be always looking for something new in their learning experiences as well as in the therapy process, and are fascinated with creatively inventing new therapeutic approaches. It is assumed that their strong curiosity for new learning has led many of the Japanese master therapists to study abroad, and to introduce new knowledge and skills to the community of Japanese clinical psychology.

These themes coincide with the master therapist's characteristic as "voracious learners" in Jennnings & Skovholt's study (1999), which described master therapists' love for learning, voracious appetite for knowledge, and eagerness for new experiences. In addition, as Mullenbach & Skovholt (2004)

pointed out, master therapists' love of learning and curiosity for new experiences is a powerful source of energy and renewal for their continuous professional development. Another source of Japanese master therapists' proactive learning style is their strong aspirations and will to become exceptionally competent therapists. This tendency is discussed in Skovholt, Jennings, & Mullenbach (2004)'s study, which suggested that master therapists possess an intense will to grow and to live professionally competent lives.

Category B: Perceptive Understanding of Self and Others

Japanese master therapists appear to possess outstanding cognitive ability to understand themselves and others. Regarding self-understanding, Japanese master therapists recognize the importance of self-reflection, including having courage to process one's own pain, suffering, and other negative feelings and aspects inside. They also emphasized that this process is important to examine the therapists' possible self-centered motivations to help others, and overcome those motivations to be genuinely altruistic. Moreover, Japanese master therapists utilize self-reflection during therapy process itself, in which they monitor their own moment-to-moment feelings and sensations as an important source of information, and use the information in the therapy process.

This emphasis on self-reflection was illustrated in Jennings & Skovholot (1999)'s study where they pointed out self-awareness and reflectivity as characteristics of master therapists. Similarly, Sullivan, Skovholt, & Jennings (2006) described the "use of self" in the therapy relationship. In their study, it was

reported that master therapists are aware of their own power in the relationship, accept their emotions, and use themselves as a whole as agents for change.

The emphasis on self-reflection also coincides with "Naikan therapy," which is a traditional Japanese therapy based on Buddhist philosophies (Kawahara, 2005). "Naikan" literally means "introspection" or "self-examination" in English. "Naikan therapy" expects the client to thoroughly examine the client's whole life, beginning from early childhood, in relation to the connection with important people in his/her life. In addition, "Naikan therapy" is mostly done by the client alone, and the therapist occasionally comes to the client to listen to the client's self-examination. From the procedure of this traditional Japanese therapy, we can see that the solitary self-examination as well as the awareness of connection with others have been valued in Japanese society.

A large number of Japanese master therapists reiterated the importance of possessing a capacity to embrace antinomy, including the ability to find an optimal balance between acceptance and challenge, personal self and professional self, theory and practice, positive effects and side effects of psychotherapy, and expertise and ordinariness. They emphasize the importance of moving flexibly without being caught in one direction, and warn against our temptations to prematurely reach clear-cut answer by employing dualism. This characteristic is indeed mentioned in several master therapist research studies. Jennings and Skovholt (1999) reported that master therapist value complexity and the ambiguity of the human condition, and Skovholt, Jennings, and Mullenbach (2004) similarly mentioned about master therapists' embracing complex ambiguity. In terms of the

therapeutic relationship, Sullivan, Skovholt, & Jennnings (2005) described a balance between a safe and a challenging relationship. Skovholt, Jennings, & Mullenbach (2004) aptly use the term, "paradox characteristics" to describe these characteristics mentioned above.

Category C: Effective Intervention

As one of the most important characteristics of master therapists, Japanese respondents reported that master therapists are able to perform at a high level of therapeutic effectiveness, while using multidimensional and flexible therapeutic interventions. Japanese master therapists are aware of time and cost effectiveness, and have become increasingly innovative allowing them to perform maximum effectiveness with a minimum load for the client. Japanese master therapists also simultaneously pay attention to different levels of client information, such as body and mind, detailed parts and comprehensive whole, as well as cognition and emotions. In addition, according to the client's functioning, needs, and pace, Japanese master therapists flexibly choose the most appropriate interventions for the client.

Regarding the multidimensional and flexible therapeutic interventions, similar results are reported in other master therapist studies. Based on the qualitative analysis of Japanese master therapists, Shinpo (1998) reported that Japanese master therapists utilize multiple levels of information in selecting specific skills and interventions, and they can flexibly adapt to a situational change in therapy. In a similar study where Japanese master therapists and intermediate therapists were contrasted, Shinpo (1999) illustrated that master therapists possess

larger number of channels for receiving information and smoother decision making process, and higher ability to create and execute extemporaneous and creative interventions. In addition, Takeshima, Sugiwara, Nishimura, Yamamoto, & Agari (1993) reported that therapists with greater experience used a wider variety of therapeutic skills.

As one of the Japanese master therapists asserted in this study, it appears that the differences between therapeutic orientations and therapist interventions become less distinct. This may mean that the therapist becomes free from specific theories, skills, and orientations as they develop, and gains more flexibility and creativity in their therapeutic styles. This tendency is supported by other master therapist studies. For instance, Elles, Lombart, Kendjelic, Turner, & Lucas (2005) analyzed case formulations of expert therapists, and discovered that expert therapists showed fewer differences based on therapeutic orientations, compared with novice and experienced therapists.

In terms of placing a value on a high level of effectiveness as master therapists, it parallels with value on competence in Jennings, Sovereign, Bottorff, Mussell, & Vye (2005)'s study. They reported that American master therapists value being competent as well as maintaining competency as a therapist, which lead them to a life-long learning process of psychotherapy and the human mind. Similarly, Takeshima, Sugiwara, Nishimura, Yamamoto, & Agari (1993) reported that therapists with more than 11 years experience had far fewer differences in the use of therapeutic skills, compared with therapists with less experience.

Category D: Relationship Building with the Client

Japanese master therapists repeatedly expressed their deep respect for the client. In sum, they believe in and actively seek out the client's strengths, inner resources, and power to change. Based on this belief, they see that the main character in the therapy is the client, and the therapist's role is to serve the client from the sidelines so that s/he can spontaneously tell their stories and realize their inner potential. In addition, Japanese master therapists appear to respect the client's diverse values, life styles, and symptoms.

These beliefs and attitudes of Japanese master therapists coincide with the master therapist's characteristic described in Jennings & Skovholt (1999). They described a number of the master therapist's beliefs about human nature, such as their firm belief in the client's competence and ability to change, and respect for the client's right to self-determination. Jennings, Sovereign, Bottorff, Mussell, & Vye (2005) described the master therapist's respect for the client's autonomy in their research regarding master therapist's ethical values as follows:

> Master therapists appear to greatly respect the phenomenological worldviews of their clients and hold the belief that for change to occur, clients, for the most part, need to be allowed to determine the direction of the therapeutic process.

Based on the belief that the main character in the therapeutic endeavor is the client, Japanese master therapists emphasized the therapist's role to assist the client from the sideline. This result has similarity with other master therapist studies. For example, in their investigation regarding the client's emotional experiencing and the master therapist's therapeutic intervention, Wiser &

Goldfried (1998) reported that affiliative, non-controlling interpersonal stances, reflections and acknowledgements, and highlighting minimal, nonspecific contents contributed to the client's maintaining high emotional experiencing. This means that the therapist's supportive and non-dominant interventions were effective in maintaining the client's emotional experiencing. Japanese research regarding the therapist development also showed a similar result (Takeshima, Sugiwara, Nishimura, Yamamoto, & Agari, 1999). According to their survey of 212 Japanese psychotherapists, the study revealed that the therapists with lesser experience tend to be more directive, whereas therapists with more experience were less directive and more accepting in therapy.

Category E: Therapist's Humanity

This category described the master therapists' personal characteristics, including their personality, resilience, and respect for the profundity of the human being. Regarding the Japanese master therapists' personality characteristics, the most frequently reported ones are modesty, sincerity, and lack of self-centeredness and a sense of dominance. Japanese master therapists contend that the more we learn, the more we become aware of our ignorance and the profundity of human beings, which naturally keeps us modest. They also emphasized the importance of overcoming one's self-centeredness and a sense of dominance, because they are aware that a considerable number of Japanese therapists are unconsciously operating under the influence of self-centeredness and dominance, and that it is challenging to accept and overcome them. That is why Japanese master therapists

consider the lack of self-centeredness and dominance as being one of the important characteristics of master therapists because it is hard to reach this stage.

Regarding this characteristic, Jennings, Sovereign, Bottorff, Mussell, & Vye (2005) pointed out "nonmaleficence" as an important ethical value of master therapists. They warn against therapists who unconsciously use the client for their own emotional needs, and assert that humility counterbalances the potential for arrogance and grandiosity. Similarly, Skovholt, Jennings, & Mullenbach (2004) cited "genuine humbleness" as one of the emotional central characteristics of master therapists, and they wrote: "Arrogance and its first cousin, self-centeredness, are seen as dangerous stance for the therapist and are, therefore, actively resisted (p. 136)." Although it appears that the importance of the lack of self-centeredness suggested by Japanese master therapists is heavier and more frequently commented, self-centeredness remains an important factor both for Japanese and American master therapists.

One potentially effective method to overcome self-centeredness is "Naikan therapy," a traditional Japanese therapy based in Buddhism (Kawahara, 2005). This therapy facilitates the client's intensive introspection where the client is expected to examine how the client has been cared for by his/her parents and other important people, what the client has done for them in return, and what kind of troubles the client caused to important people for the client. In sum, this process helps the client to realize how his/her life is interconnected with other people's kindness and care, and that it is not possible to live alone. Thus, Naikan therapy could be an effective way for the therapist to resolve his/her self-centeredness, as

Nishizono (2005) asserted that Naikan therapy helps the individual to grow psychologically from being self-centered to empathic to and appreciative of others.

Cross-cultural comparison of Japanese and American master therapists

In this part, cross-cultural similarities and differences between Japanese and American master therapists are discussed, and salient characteristics of Japanese master therapists are examined.

Common characteristics between Japanese and American master therapists. Overall, it appears that the characteristics of Japanese master therapist have many commonalities with those of the American master therapists in the Jennings & Skovholt study (2004). Some of the examples of similar themes are: strong interests in new learning, important of self-awareness and reflection, acceptance of ambiguity, and exceptional ability to form trustful relationships. It is instructive to clarify that master therapists may hold similar important characteristics beyond cultural differences. At the same time, however, similar themes may have different emphasis and importance depending on the culture. For example, judging from the number of quotes and its magnitude, it appears that the existence of great mentors have much stronger influence on Japanese master therapists, compared with American master therapists. This may be due to the fact that Japanese society has more hierarchical societal structure, and/or values strong bonds between great mentors and apprentice, described in “Amae” relationship by Doi (1971). Similarly, modesty plays a much stronger role for Japanese master therapists, although humbleness was mentioned in American master therapist

research (Skovholt & Jennings, 2004). Thus, future master therapist research would benefit from cross-cultural comparison of international master therapist research studies to deepen the understanding of master therapists. It is important to not only clarify similarities and differences of master therapists in different nations, but also examine the differences of priority and magnitude of similar themes. By doing so, we can understand subtle differences and universal qualities of master therapists between cultures.

Culturally different characteristics of Japanese and American master therapists. Although there are more similarities between Japanese and American master therapists, it also appears that some characteristics are unique to Japanese master therapists, or the degree of emphasis on certain characteristics is different between two cultures.

First, Japanese master therapists seem to place more value on understanding the client without depending on the verbal interaction between the client and the therapist. For example, as cited in the results section, one of the Japanese master therapists expressed his efforts to empathize with the client while keeping the verbal exchange to a minimum. He even said, "It is my belief that listening to the detailed content is not necessarily imperative for therapy." Another therapist described how he tries to understand the client's condition from subtle non-verbal cues during the conversation by saying, " If you pay careful attention to the time between the question and the response, you can sense whether a certain thought process is involved, such as different kinds of thoughts are suppressed or denied, by the subtle time gap." A different therapist also valued the

minimalist approach as follows: “To me, the ideal is that the client’s load is kept at a minimum. Thus, it is not desirable to continue seeing the client more than necessary, or having the client share what is confidential and what the client does not usually disclose.“ What we can see from these examples is that Japanese master therapists appear to see it as ideal to understand the client while keeping verbal exchange at a minimum. This tendency could be explained from high-context/ low-context communication style proposed by Hall (1976). According to Hall, a high-context (HC) communication or message is one that is anchored in the physical context (situation) or internalized in the person, and less reliance is placed on the explicit code or message content. Instead, a HC communication relies heavily on nonverbal messages and the group identification/understanding shared by those communicating. Subtlety is a highly prized art in a high-context culture, including Japanese culture. Therefore, it is possible that the Japanese client would feel more understood if the therapist could empathize with the client without too much verbal interaction. Likewise, it is possible that Japanese master therapists try to understand the client’s feelings as accurately as possible through non-verbal information, while keeping the verbal exchange to a minimum so that the therapist can build a working alliance more quickly with the client. Of course, American master therapists also collect information from non-verbal cues and use the information for the understanding of the client. However, it appears that Japanese master therapists place more value on this matter than American master therapists.

Second, Japanese master therapists seem to value inter-subjectivity or mutual process between the therapist and the client. In addition, the boundary

between the Japanese therapist and the Japanese client seems to be thinner. For example, being asked about his successful therapy session, a Japanese master therapist described the session as follows: "[When the therapy is going well,] I feel that the therapeutic process gets deeper, and I have this sense that the 'self' and 'other' are merged into one." Another Japanese master therapist described the important psychological space between the therapist and the client as follows: "What I value most is this space between us, the space we share, and we breathe the space together. This space can be described as a psychological space between us, and it is created through mingling each other's inner psychological space." From these examples, it appears that Japanese master therapists' boundaries are more porous that those of American master therapists, and empathy and understanding seems to occur in the space between the therapist and the client, rather than in the therapist's mind. This difference could be explained from individual/group orientations. Pedersen (2000) noted that U.S. culture and society is based upon the concept of individualism and that the uniqueness of each individual is valued, and individual identity is considered rather solid and separate from each other. In many non-Western cultures, on the other hand, identity is not seen apart from the group orientation. In those cultures, the psychosocial unit of operation tends to be the family, group, or collective society (Sue & Sue, 2007). Similarly, it seems that psychological unit during the therapy is not necessarily the separate client and therapist, but rather a shared psychological space or "merged being" for Japanese master therapists.

Third, Japanese master therapists respect the profundity of the human mind, and assert that what we can perceive is just a small part of an immense human inner world. In addition, it appears that Japanese master therapists respect the unconsciousness or unknown parts of the human mind, and feel comfortable leaving it as it is. One of the master therapists described this point as follows; "Eastern people assume that mind is beyond our comprehension…You know 'Yui-shiki' in Buddhism? That concept asserts that what we can recognize is just a tiny part of the whole truth." Another therapist mentioned the same theme as follows:

> [The Human mind is] something like an unfathomable, boundless, and uncertain space. Regarding this human mind, we tend to assume that it is mostly explainable by psychological theories. However, that is simply our assumption, and the reality could be quite different when we think about it with calm and objective mind. Thus, the more I have gained experience, the more I have come to be awed by life itself, rather than feeling like I have come to understand life much more clearly.

While Western psychology has attempted to bring light to the unconscious, clarify its mechanism, and verbalize it, Eastern cultures, including the Japanese culture, respect the unknown and consider it to be even arrogant that the human mind or life is explainable. This difference could be explainable by using the model proposed by Kluckhohn and Strodtback (1961). They stated that people make assumptions about how they relate to nature. Traditional Western thinking believes in mastery and control over nature. In Asian cultures, on the other hand, people view the relationship with nature as harmonious. In these cultures, then,

people tend to accommodate and/or avoid direct confrontation with nature, because they need to achieve balance and harmony with the environment. If we apply this model to the human mind, nature can be described as an unknown part of the human mind. In the counseling process, Western therapists and clients may tend to believe that any unknown parts should be brought up to a level of consciousness, and both parties in the process must take an active part in solving problems via manipulation and control. Japanese therapists, on the other hand, may tend to respect the mystery of the human mind. One of the Japanese master therapists contrasted this difference as follows:

> For Western people, it may be that there is a thick wall between unconsciousness and consciousness. Thus, they try to pull down this wall, and try to achieve self-actualization by enlarging the world of consciousness. On the other hand, Eastern people do not have to enlarge the conscious world. It is fine if the wall between the conscious and the unconscious is thin. Unless the interaction between the two is smooth through symbolization or festivals in the community, it does not matter whether unconscious is brought into consciousness or not.

Forth, Japanese master therapists reported their great mentors as one of the most influential learning opportunities, and it appears that this learning is not limited to cognitive and/or technical learning, but also relational learning with emotional attachment. In this sense, the impact from their great mentors was not limited to learning about therapy, but also to a more holistic human encounter. It was also stated by several master therapists that there exists a learning process from their

great mentors, where they first had a strong attachment to their great mentors and fully learned from them, followed by the "graduation" from them and acquiring of new great mentors and creating one's own method. This learning process is quite similar to the Japanese traditional learning process called Shu-ha-ri (守破離), taught in Kendo (Japanese art of fencing). Shu-ha-ri describes three-step process in mastering certain traditional Japanese art, such as Kendo, flower arrangement, and Kabuki. First step is called Shu (protect) where the apprentice first closely learns from his/her great mentor and master his/her skills and attitudes. Second step is called Ha (break), and this means leaving from the great mentor, free him/herself to other great mentors and learning opportunities. Final step is called Ri (Away), and this step means to create his/her own style, independent from the great mentor. It would be instructive to examine learning process in different traditional Japanese arts, and how we can apply these methods to therapist training for culturally appropriate training model.

Limitations of the Study

One possible limitation of this study is that the study employed a one-shot sampling method, instead of snowball sampling method, due to the prediction that snowball sampling method could increase the risk of Japanese therapists selecting certain therapists based on one's moral indebtedness, rather than objective standards because Japanese society is considered to be more hierarchical than American society. Because of this difference in the nomination procedure, the

results of this study may or may not be comparable to other master therapist studies that employed a snowball sampling nomination method.

Another limitation is the possible generation gap between the master therapists in this study and younger, yet competent, therapists, and the degree of generalizability of this research to therapist development in a younger generation. Most master therapists in this study were within the first generation of psychotherapists who studied psychotherapy abroad and brought both knowledge and techniques to Japan, constructed basic structures, such as academic associations and professional credentials for the development of psychotherapy in Japan. On the other hand, entry- and middle-level Japanese therapists received their education at a time when training opportunities were already relatively well established, and various therapeutic approaches were available to learn. Therefore, developmental process for current master therapists and prospective master therapist in younger generation could be different. Considering the fact that the average age of master therapists in this study was relative high (M=72.2, SD=7.66), it may be interesting to examine the characteristics and developmental process of young yet competent Japanese therapists.

Another limitation is the fact that the master therapists in this study were selected through single selection method, which was peer nomination. Although it would be more complex and time-consuming, the representativeness and validity of master therapists would be more robust if we could employ multiple selection methods, such as nominations by clients, assessment of actual case descriptions and formulations, and/or assessment of video-recorded actual therapy sessions.

It should be also noted that the results of this study may not be generalizable beyond the context of this sample group. This is because the study employed an information-rich qualitative study method, instead of representative subject pool (Patton, 1990) quantitative method.

Implications and Recommendations

In this section, 4 recommendations for future master therapist research and 4 recommendations for therapist training are suggested.

Research Recommendation 1: Future research could benefit from further examination of the impact of one's great mentors for the development of psychotherapists.

It was quite striking that most of the Japanese master therapists mentioned their great mentor as one of the most influential aspects in their professional and personal development. It is also noteworthy that master therapists gave greater emphasis to the personal or relational impact they had from their great mentor, such as values, attitude, emotional support, and philosophy of life, rather than cognitive or technical learning. In this sense, future master therapist research may want to closely examine the learning process from great mentors, as well as learning contents from the great mentors.

Research Recommendation 2: Future research may want to examine the process of being aware of one's self-centered motivation and set him/herself free from it.

Japanese master therapists are keenly aware of the risk of self-centered motivation behind the helping behaviors, and the difficulty of being aware of and remaining free from that motivation. As a means to be aware of his/her own self-centeredness, master therapists suggested in-depth self-reflection through individual self-introspection, clinical supervision, and/or personal therapy. However, it appears that there are various ways to be aware of one's self-centeredness as well as gradual process of becoming free from it. More in-depth study is necessary to examine the change process from self-centeredness to genuine caring, and to clarify different methods to facilitate this change. This future research is particularly important because Japanese master therapists emphasized the difficulty of the process, while pointing out the possible large number of therapists who may be operating from the self-centered motivation.

Research Recommendation 3: Future research could further examine the important role of the "study abroad" experiences of Japanese master therapists.

It is notable that more than half of Japanese master therapists had some experience studying abroad, and many of them reported that this experience had a critical influence on their professional development and career. Thus, it would be beneficial to further examine how and what master therapists learned from their study abroad experiences, how they overcame difficulties in a different culture, how they dealt with reentry culture shock in their home country, and how they integrated clinical and cultural experiences in both Japan and overseas and subsequently synthesized their study abroad experiences to positive learning opportunities.

Research Recommendation 4: Future research could clarify universal aspects of expertise between master therapists and other experts, as well as differentiate characteristics between master therapists and experienced therapists, while distinguishing unique characteristics of master therapists.

As one of the Japanese master therapists pointed out, one of the characteristics of master therapists is to find both connection and commonalities with experts in other fields. Chi, Glaser, & Farr (1988) outlined seven characteristics of expert performers, and it appears that some of their characteristics may have commonalities with Japanese master therapist characteristics described in this study, such as perceiving large meaningful patterns, seeing a problem at a deeper level, and having strong self-monitoring skills. Thus, it appears important to clarify common characteristics between experts in different professions, while distinguishing unique characteristics of master therapists. In addition, it is also important to distinguish different characteristics between master therapists and experienced therapists. It is conceivable that some of the characteristics of master therapists are common to experienced therapists, other characteristics are same in qualities but different in their degree, while some characteristics are qualitatively unique to master therapists. In order to achieve this, comparative study between Japanese master therapists and experienced therapists would be necessary.

Training Recommendation 1: Training programs can equally emphasize the importance of assessing both psychopathology and strengths of the client.

More than half of the Japanese master therapists mentioned the importance of capitalizing upon the client's strengths and spontaneous healing power. However, in the current therapist training in Japanese graduate schools, understanding of the client is heavily skewed to the assessment of client weaknesses and psychopathology, and there is much less opportunity to learn how to assess and utilize the client's positive qualities. In this sense, Japanese therapist training could benefit from incorporating the positive psychology movement (Seligman, 1998) and positive psychological interventions (Magyar-Moe, 2009) so that novice therapist could develop more a balanced view of clients and learn how to capitalize on the clients strengths and resources.

Training Recommendation 2: Training programs can offer more opportunities for novice therapists to learn from mentors and masters in a holistic way.

As the supervision system has been improved in Japanese therapist training systems, novice therapists have greater opportunity to receive formal and systematic supervision from more experienced therapists. This means that the purpose, duration, and boundary of supervision has become clearer. It is also important to note that supervision is currently more limited to technical or conceptual teaching and discussion of the case. Considering the results arising from the fact that master therapists learned significantly from their great mentors personally and holistically, this "formalization" of a supervision system may not be so beneficial for trainees. It may prove to be of greater benefit to prepare opportunities for novice therapists to find their favorite great mentors, allowing

them to spend significant time with their great mentors so that trainees could learn from their great mentors in a more personal and holistic manner.

Training Recommendation 3: Training program can prepare progressive training curriculum where novice therapists first have opportunities to choose therapeutic approaches that fit their interests and values, then become independent from them and create one's own approach.

Several Japanese master therapists emphasized that it is important to first be immersed in a particular approach, become independent from it, and create one's own therapeutic style. This means that optimal learning is different for therapists depending on their development phases. A sample of an ideal training curriculum could be that graduate students first have opportunities to familiarize themselves with various therapeutic approaches through both theoretical and experiential studies. Second, based on their interests and values, they choose a particular approach to master it. As they accumulate experiences and develop as a therapist, then they can gradually become independent from the approach, and create their own styles with more creativity and flexibility. Especially for relatively experienced therapists, it appears that opportunities for renewal are important in order to keep their motivation fresh and continue spontaneous learning. Therefore, it is recommended that training programs offer various ongoing professional development opportunities so that experienced therapists could stay creative and novel in their therapeutic styles.

Training Recommendation 4: Training programs could explore the positive use of study abroad programs for therapist development.

More than half of Japanese master therapists experienced study abroad, and many of them reported it as being one of the most influential experiences in their development. From the interviews, it appears that studying abroad has a number of advantages for a therapist-in-training, and contributes to the develop of important characteristics identified by master therapists such as spontaneous and creative learning opportunities, finding one's great mentors, opportunities for deep self-introspection, developing one's tolerance and acceptance of ambiguity, gaining comprehensive and multiple perspectives on understanding people, and developing a high level of resilience. In spite of this excellent opportunity for therapist development, the current number of Japanese graduate students or novice therapists who are willing to study abroad is relatively small. Thus, it is recommended that Japanese therapist training programs may want to highlight the advantages of studying abroad, and provide more opportunities of this nature for young therapists, thus leading to optimal therapist development.

Conclusion

Main characteristics of Japanese master therapists.

Based on the findings of this study, important characteristics of Japanese master therapists were clarified. First, as a foundation, they possess positive personality traits, such as modesty, warmth, sincerity, absence of self-centeredness, and resilience. Based on these characteristics, they are able to build trustful relationships with their clients, both at an early stage, and throughout the therapy process. Second, they possess exceptional ability to perceive and process

various cognitive (i.e., case formulation, objective monitoring of the therapy process, keen observation of the client's verbal and non-verbal cues) and emotional (i.e., accurate empathy, use of the therapist's feelings during the session) information from the client, the therapist him/herself, and the therapy process. This perceptive capacity to understand makes it possible to perform at a high level of therapeutic effectiveness, maintaining a flexible therapeutic stance depending on the client. Third, master therapists are able to continuously learn from their experiences, stimulated by their curiosity and creativity as well as their sense of responsibility and discipline as professionals.

Three important domains for Japanese master therapist development.

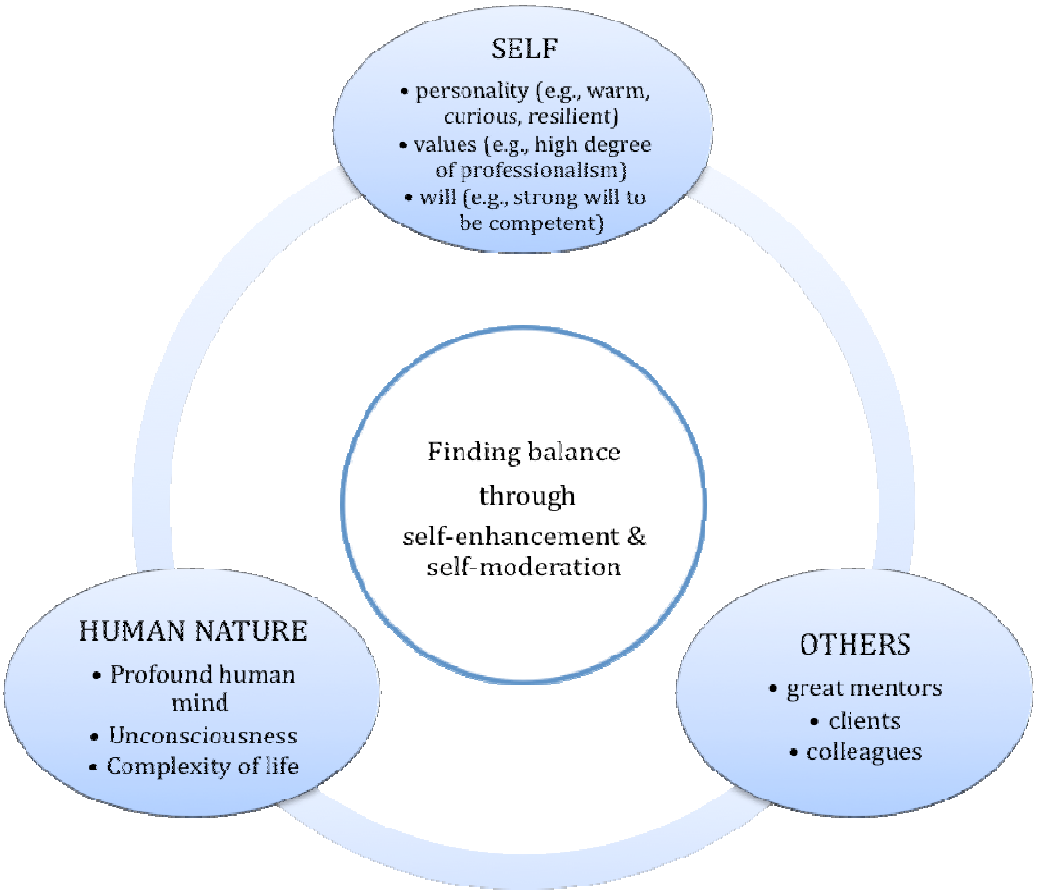
Close examination of interviews with Japanese master therapists reveals three main ingredients that are crucial for optimal professional development : those three domains are Self, Others, and Universe. First, "Self" domain refers to characteristics related to individual therapist, such as personality, values, and will. More specifically, it appears personal characteristics such as curiosity, creativity, modesty, warmth, sincerity, and resilience, as well as high degree of professionalism and will to become a competent therapist, are important ingredients related to the "Self" domain. Second, the "Others" domain pertains to important and influential people around the therapist and who contribute to an optimal learning process, such as great mentors, clients, and colleagues. It is apparent from the results that one of the greatest influences for Japanese master therapist development is the existence of great mentors. Other Japanese master therapists reported that they have learned much from their clients and the mutual

process between the client and the therapist. Other master therapists also mentioned about their colleagues, and how much they have learned from case conferences and informal conversations with their colleagues. The third domain is "Human nature," which connotes a sense of awe to something greater than self or others, such as profundity of the human mind, including the unconscious, as well as complexity of life itself. A number of Japanese master therapists repeatedly mentioned the complex, profound, and immense nature of human beings and their minds, and the importance of getting in contact with profundity of human nature so that we can stay modest without being arrogant about what we know and what we do as psychotherapists.

Japanese master therapists emphasized the importance of these three domains, but in addition, they place a high importance on finding a balance among these three domains through self-enhancement and self-moderation. Self-enhancement means to gain more knowledge and skills, and gain confidence and expertise as a psychotherapist. Self-moderation, on the other hand, means to realize what one knows is just a part of the whole truth, and the existence of oneself is trivial in relation the immensity and profundity of human beings. In this sense, self-enhancement helps us to feel confident and competent, while self-moderation keeps us from being arrogant and self-centered. Thus, the combination of these seemingly contradicting concepts is important. In short, according to Japanese master therapists, optimal development would occurs when the therapist makes best use of three important domains, – Self, Others, and

Human Nature – while finding a balance between these domains through self-enhancement and self-moderation.

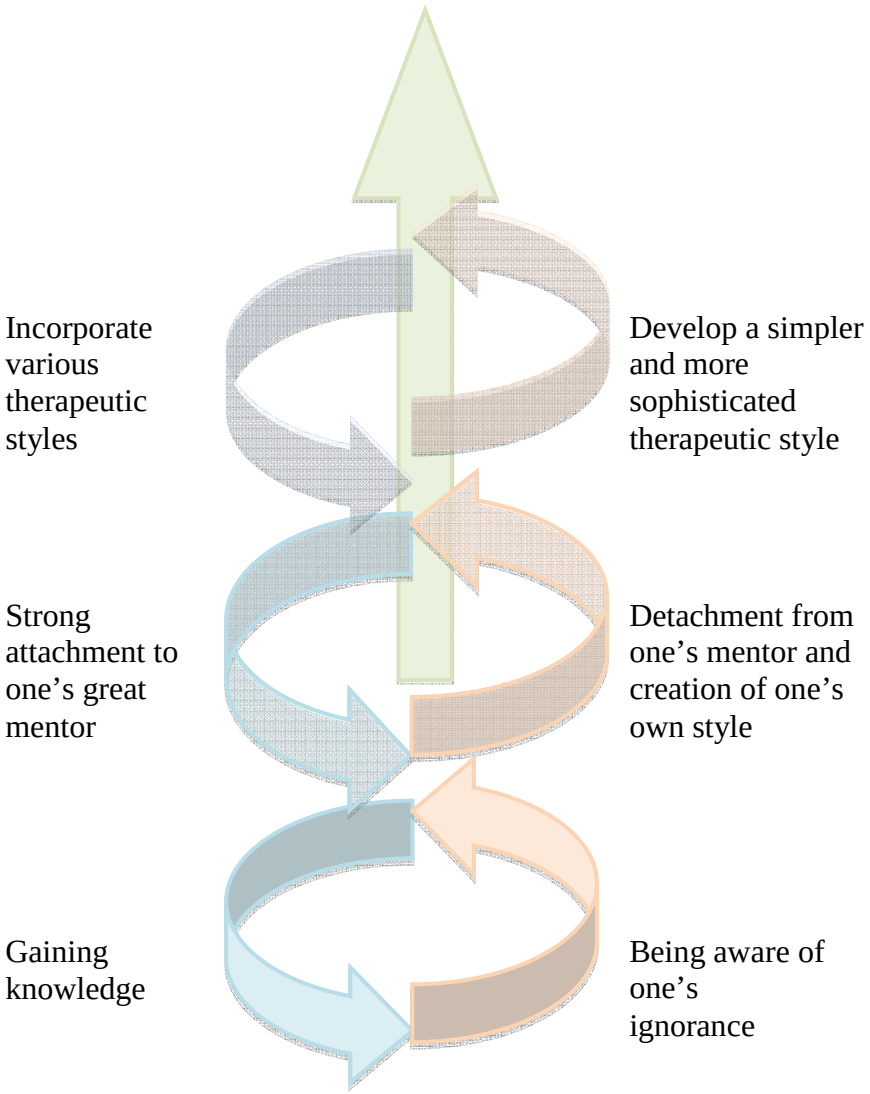
Figure 1: Three Important Domains for Optimal Development of Japanese Master Therapists



Spiral model of Japanese master therapist development.

From this study, it appears that the developmental process of Japanese master therapists may not be linier or stepwise, but rather spiral. For example, a number of master therapists described their changes in therapeutic style as starting from a lay helper, gaining expertise as professionals, and returning to a seemingly ordinary therapy style. Other therapists illustrated their learning process from great mentors as a process of strong attachment, subsequent detachment from great mentors, followed by creation of their own styles, and later encounters with new great mentors. Another therapist described his changing awareness about this knowledge as starting from ignorance, gaining knowledge, being deeply aware of one's ignorance, and staying modest and motivated to learn more. These changing processes may seem as a return to the starting point, if we see the process from a two-dimensional viewpoint, but we can be aware that they are in fact coming back to a similar but higher point, if we see the process from a three-dimensional viewpoint. Additionally, it appears that a self-reflection process including the utilization of clinical supervision, self-introspection, and own therapy would help the therapist to see his/her developmental process from a three-dimensional viewpoint.

Figure 2: Spiral Developmental Model of Japanese Master Therapists



Summary and Concluding Remarks.

In this chapter, I have reviewed the study results in order to answer to the three main research questions: characteristics of Japanese master therapists, cross-cultural comparison between Japanese and American master therapists, and particular experiences necessary for optimal therapist development. Regarding the characteristics of Japanese master therapists, it has been clarified that certain personality traits (e.g., modesty, warmth, sincerity, absence of self-centeredness, and resilience), ability to build trustful relationship with the client, exceptional ability to perceive and process various cognitive and emotional information during therapy, high level of therapeutic effectiveness, are main important characteristics.

As far as cross-cultural comparison is concerned, both similarities and differences were found in master therapist characteristics. It was noteworthy that many characteristics of Japanese master therapists have similarity to those of American master therapists. This may mean that at the later stage of therapist development, master therapists could possibly transcend cultural differences and share more similarities, just like differences of actual therapy among different theoretical orientations become obscure as therapists become more experienced. At the same time, however, we should be aware that even when characteristics of Japanese and American master therapists are similar, contributing factors/experiences as well as its developmental process could be quite different.

In terms of contributing factors for optimal therapist development, two models were proposed. First, three important domains were identified for optimal

therapist development, and those domains are Self, Others, and Human nature. It was also suggested that finding balance through self-enhancement as well as self-moderation is important for Japanese master therapist development. Second, a spiral model of Japanese master therapist development was proposed, and the importance of seeing the therapist development from a three-dimensional viewpoint was stressed.

It was my intention to contribute to the internationalization of master therapist research. This study showed complex and intriguing characteristics of Japanese master therapists, while clarifying both similarities and differences of master therapist in two cultures. It is my hope that further advancement of international studies master therapist studies would be conducted, both in depth and breadth, inviting participation of more master therapists in different cultures. It will surely contribute to a deeper understanding of people in different cultures, which is one of the most important missions of psychology today.

References

Blatt, S. J., Sanislow, C.A., Zuroff, D.C., & Pilkonis, P.A. (1996). Characteristics of effective therapists: Further analysis of data from the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal of Consulting and Clinical Psychology, 64,* 1276-1284.

Bouchard, M., Lecomte, C., Carbonneau, H., & Lalonde, F. (1987). Inferential communications of expert psychoanalytically oriented, gestalt and behaviour therapists. *Canadian Journal of Behavioural Science 19*(3), 275-286.

Brunink, S. A., & Schroeder, H. E. (1979). Verbal therapeutic behavior of expert psychoanalytically oriented, gestalt, and behavior therapist. *Journal of Consulting and Clinical Psychology, 47*(3), 567-574.

Cummings, A. L., Hallberg, E. T., Martin, J. , Slemon, A., & Heibert, B. (1990). Implications of counselor conceptualizations for counselor education. *Counselor Education and Supervision, 30,* 120-134.

Dlugos, R. F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice*, *32*(3), 298-304.

Elliott, R., Orlinsky, D., Klein, M. J., Amer, M., & Partyka, R. (2003). Professional characteristics of humanistic therapists: Analyses of the collaborative research network sample. *Person-centered and Experiential Psychotherapy and Counseling*, *2*(3), 188-203.

Etringer, B. D., Hillerbrand, E., Claiborn, C. D. (1995). The transition from novice to expert counselor. *Counselor Education and Supervision, 35*(1), 4-17.

Friedlander, M. L., Highlen, P.S., & Lassiter, W.L. (1985). Content analytic comparison of four expert counselors' approaches to family treatment. *Journal of Counseling Psychology, 32*(2), 171-180.

Goh, M. (2005). Cultural competence and master therapists: An inextricable relationship. *Journal of Mental Health Counseling, 27*(1), 71-81.

Goldsamt, L. A., Goldfried, M.R., Hayes, A. M., & Kerr, S. (1992). Beck, Meichenbaum, and Strupp: A comparison of three therapies on the dimension of therapeutic feedback. *Psychotherapy Research, 29,* 167-176.

Grafanaki, S., Brennan, M., Holmes, S., Tang, K., & Alvarez, S. (2007). In search of flow in counseling and psychotherapy: Identifying the necessary ingredients of peak moments of therapy interaction. *Person-Centered and Experiential Psychotherapies, 6*(4), 240-255.

Hayashi, S., Kuno, T., Osawa, M., Shimizu, M., & Suetake, Y. (1992). The client-centered therapy and person-centered approach in Japan: Historical development, current status, and perspectives. *Journal of Humanistic Psychology, 32*(2), 115-136.

Herreid, D. J. (1990). *A model of the process of becoming a master counselor.* Unpublished Dissertation, University of Minnesota, Minneapolis.

Hillerbrand, E., & Claiborn, C.D. (1990). Examining reasoning skill differences between expert and novice counselors. *Journal of Counselor Development, 68,* 684-691.

Holloway, E. L., & Wampold, B.E. (1986). Relationship between conceptual level and counseling-related tasks: A meta-analysis. *Journal of Counseling Psychology, 33*(310-319).

Iwasaki, M. (2005). Mental health and counseling in Japan: A path toward societal transformation. *Journal of Mental Health Counseling, 27*(2), 129-141.

Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology, 46*(1), 3-11.

Jennings, L., Goh, M., Skovholt, T.M., & Banerjee-Stevens, D. (2003). Multiple factors in the development of expert counselors and therapists. *Journal of Career Development, 30*(59-72).

Jennings, L., Hanson, M., Skovholt, T. M., & Grier, T. (2005). Searching for mastery. *Journal of Mental Health Counseling, 27*(1), 19-31.

Jennings, L., Sovereign, A., Bottorff, N., Mussell, M. P., Vye, C. (2005). Nine ethical values of master therapists. *Journal of Mental Health Counseling, 27*(1), 32-47.

Kanazawa, Y., & Iwakabe, S. (2006). Shinri rinsyoka no senmonka to shiteno hattatsu oyobi shokugyoteki storesu heno taisyoni tsuite: Bunken kenkyu [Professional development as clinical psychologists and strategies to occupational stress: Literature review]. *Bulletin of Meijigakuin University, research center in department of psychology, 4*, 57-73.

Kanazawa, Y. (2007). Psychotherapy in Japan: The case of Mrs. A. *Journal of Clinical Psychology, 63*(8), 755-763.

Kivlighan, D. M., & Quigley, S.T. (1991). Dimensions used by experienced and novice group therapists to conceptualizing group process. *Journal of Counseling Psychologist, 38*, 414-423.

Kopta, S. M., Newman, F. L., McGovern, M. P., & Angle, R. S. (1989). Relation between years of psychotherapeutic experience and conceptualizations, interventions, and treatment plan costs. *Professional Psychology: Research and Practice, 20*(1), 59-61.

Leong, F. T., & Ponterotto, J. G. (2003). A proposal for internationalizing counseling psychology in the United States: Rationale, recommendations, and challenges. *The Counseling Psychologist, 31*(4), 381-395.

Leung, S. A. (2003). A journey worth traveling: Globalization of counseling psychology. *The Counseling Psychologist, 31*(4), 412-419.

Luborsky, L., Crits-Christoph, P., McLellan, T., Woody, G., Piper, W. E., Liberman, B., et al. (1986). Do therapists vary much in their success? Findings from four outcome studies. *American Journal of Orthopsychiatry, 56*, 501-512.

Martin, J., Slemon, A.G., Hiebert, B., Hallberg, E.T., & Cummings, A.L. (1989). Conceptualizations of novice and experienced counselors. *Journal of Counseling Psychologist, 36*, 395-400.

Murphy, M. J., Cheng, W., and Werner-Wilson, R.J. (2006). Exploring Master Therapists' Use of Power in Conversation. *Contemporary Family Therapy, 28*(4), 475-484.

Oren, C. Z. (2001). *A cluster analysis of the differences between expert and novice counselors based on real time training.* Unpublished Dissertation, University of Southern California.

Orlinsky, D., Ronnestad, M. H., Ambuhl, H., Willutzki, U., Botermans, J., Cierpka, M., Davis, J., & Davis, M. (1999). Psychotherapists' assessments of their development at different career levels. *Psychotherapy, 36*(3), 203-215.

Orlinsky, D., Ambuhl, H., Ronnestad, M., Davis, J., Gerin, P., Davis, M., et al. (1999). Development of psychotherapists: Concepts, questions, and methods of collaborative international study. *Psychotherapy Research, 9*(2), 127-153.

Orlinsky, D. E. (1999). The master therapist: Ideal character or clinical fiction? Comments and questions on Jennings and Skovholt's "The cognitive, emotional, and relational characteristics of master therapists". *Journal of Counseling Psychology, 46*(1), 12-15.

Orlinsky, D. E., Botersman, J., Ronnstad, M.H., and the SPR Collaborative Research Network. (2001). Toward a empirically grounded model of psychotherapy training: Four thousand therapists rate influences on their development. *Australian Psychologist, 36*(1-10).

Orlinsky, D. E., & Ronnestad, M. H. . (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, D.C.: American Psychological Association.

Pedersen, P. (2000). *A Handbook of Developing Multicultural Awareness (3rd Ed.).* American Counseling Association.

Pedersen, P., & Leong, F. (1997). Counseling in an international context. *The Counseling Psychologist, 25*(1), 117-122.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1988). Good and poor practices in psychotherapy: National survey of beliefs of psychologists. *Professional Psychotherapy: Research and Practice, 19*(5), 547-552.

Raue, P. J., Castonguay, L. G., & Goldfried, M. R. (1993). The working alliance: A comparison of two therapists. *Psychotherapy Research, 3*(3), 197-207.

Ronnestad, M. H. S., T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice, 32*(2), 181-187.

Ryback, D., Ikemi, A., Kuno, T., & Miki, Y. (2001). Japanese psychology in crisis: Thinking inside the (empty) box. *Journal of Humanistic Psychology, 41*(4), 124-136.

Shinpo, Y. (1998). Sinrimenstsubamen ni okeru kaunsera no ishiketteikatei ni kansuru kenkyu (1: Jyukurensya no mensetsubamen no bunseki wo toshite [Counselors' decision making process in therapy session (1): Session analysis of expert therapists]. *Taisho University Journal of Clinical Psychology 1*, 35-54.

Shinpo, Y. (1999). Counselors' decision making process in therapy session: Comparison between intermediate and expert counselors. *Taisho University Journal of Clinical Psychology 2*, 56-75.

Skovholt, T. M., Ronnestad, M. H., & Jennings, L. (1997). Searching for expertise in counseling, psychotherapy, and professional psychology. *Educational Psychology Review, 9*(4), 361-369.

Skovholt, T. M., & Jennings, L. (2004). *Master therapists: Exploring expertise in therapy and counseling*. Boston: Allyn & Bacon.

Sue, D. W. & Sue, D. (2007) *Counseling Culturally Diverse (5th Ed.).* Hoboken, NJ: Wiley.

Sullivan, M. F., Skovholt, T. M., & Jennings, L. (2005). Master therapist's construction of the therapy relationship. *Journal of Mental Health Counseling, 27*(1), 48-70.

Suzuki, Y. (1995). Psychotherapist's behavioral characteristics and influential experiences in therapy session: Comparison between novice and expert therapists. *Nagoya University Bulletin of the Faculty of Education, 42*, 231-232.

Takeshima, A., Sugiwaka, H., Nishimura, R., Yamamoto, A., & Agari, I. (1993). Effects of the length of psychotherapists' clinical experience on their behavior and attitude during psychotherapy. *Japanese Journal of Counseling Science, 26*, 97-106.

Tracey, T. J., Hays, K.A., Malone, J., & Herman, B. (1988). Changes in counselor response as a function of experience. *Journal of Counseling Psychologist, 35*, 119-126.

Tseng, W.-S., Chang, Suk Choo., & Nishizono, Masahisa (Ed.). (2005). *Asian culture and psychotherapy: implications for East and West*. Honolulu: University of Hawai'i Press.

Watanabe-Muraoka, A. M. (1997). The national system of university counseling in Japan. *International Journal for the Advancement of Counselling, 19*, 15-27.

Watanabe-Muraoka, A. M. (2007). A perspective on counseling psychology in Japan: Toward a lifespan approach. *Applied Psychology: An International Review, 56*(1), 97-106.

Whittingham, N. (2004). *Spirituality: The personal and professional experiences of ten expert family therapists.* Unpublished Dissertation, Walden University.

Wiser, S., & Goldfried, M. R. (1993). A comparative study of emotional experiencing in psychodynamic-interpersonal and cognitive-behavioral therapies. *Journal of Consulting and Clinical Psychology, 61*, 892-895.

Wiser, S., & Goldfried, M.R. (1998). Therapist interventions and client emotional experiencing in expert psychodynamic-interpersonal and cognitive-behavioral therapies. *Journal of Consulting and Clinical Psychology, 66*, 634-640.

Appendix A:

English Letter requesting nomination of Japanese master therapists

Dear _____:

Greetings. Please allow me to introduce the purpose of this letter. Beginning in September 2008, I would like to conduct in-depth interviews with a selected group of expert therapists/therapists practicing in Japan. The current study is intended to build upon the research of Drs. Thomas M. Skovholt and Len Jennings on "Master Therapists" (Jennings & Skovholt, 1999; Skovholt & Jennings, 2005). As the principal investigator for this study, I, Tatsuya Hirai, would like to interview nominees from this September.

Following the sampling method used in the Skovholt and Jennings research, I am asking for your help in identifying expert therapists practicing in Japan. Nominations of expert therapists will be based on the following criteria:

(a) This person is considered to be a "master therapist*";

(b) This person is most frequently thought of when referring a close family member or a dear friend to a therapist because the person is considered to be the "best of the best"; and

(c) One would have full confidence in seeing this therapist for one's own personal therapy. Therefore, this therapist might be considered to be a "therapist's therapist."

**Jennings and Skovholt (1999) noted that the term master therapist "is used frequently in the mental health lexicon to describe therapists considered to be 'the best of the best' among fellow practitioners" (p. 4).*

Although, I realize that the emphasis on identifying the "best of the best" in our therapy profession may be contrary to our cultural value of modesty, I hope that you will appreciate the fact that peer nomination is critical in this study for an accurate understanding of the Japanese master therapists. As in the Jennings and Skovholt (1999) study, reliance on the judgment of peers and colleagues is inherent in the peer-nomination method. Peer nomination techniques have been found to accurately assess personal and interpersonal characteristics for therapists

and a wide variety of other subject groups (Cole & White, 1993; Hillerbrand & Claiborn, 1990; Luborsky et al., 1985; Serbin, Lyons, Marchessault, Schartzman, & Ledingham, 1987).

I am therefore seeking your kind assistance to nominate **three** individuals that you think truly are worthy of the title "master therapist" in Japan.

In the space below, please write down the names and contact information (if available) of three therapists you consider to be "Master Therapists." Otherwise, I will be in contact with you next week to obtain your nominations. Please feel free to call me at 092-673-5833 or e-mail me: hirai@ip.kyusan-u.ac.jp if you have questions about the study.

Sincerely,
Tatsuya Hirai

Please complete nomination ballet below and return to me via email or letter

Name of Expert Therapist	Contact Information (phone # and/or email address)
1.	
2.	
3.	

Appendix B:
Japanese letter requesting nomination of Japanese master therapists

日本におけるマスターセラピスト研究へのご協力のお願い

拝啓 残暑の候、先生におかれましてはますますご健勝のこととお慶び申し上げます。

私、九州産業大学国際文化学部臨床心理学科で教員をしております、平井達也と申します。この度、ぜひ_____先生に日本におけるマスターセラピストに関する調査にご協力いただければと思い、突然で大変失礼かとは存じますが、お願いのお手紙を送付させていただきました。私は、九州大学名誉教授村山正治先生、および米国ミネソタ大学の先生方のご協力を仰ぎながら、日本におけるマスターセラピスト、つまり非常に有能なセラピストの特徴と発達プロセスに関して、インタビューを中心とした質的調査を進めております。

マスターセラピストの研究は、アメリカを中心にここ１０年ほどで研究が積み重ねられてきております。この度、この分野の研究の中心人物であるミネソタ大学のスコブホルト教授(Jennings & Skovholt, 1999; Skovholt & Jennings, 2005)および、ゴウ准教授(Goh, 2005)と協力関係を結び、各国におけるマスターセラピストに関するマスターセラピスト国際プロジェクトを立ち上げ、アメリカ、日本、シンガポール、韓国、そしてスウェーデンの各国におけてマスターセラピストの特徴と発達プロセスに関して国際比較研究を行うこととなりました。

この国際研究の一環として、日本において有能なセラピストとはどのような特徴を有するのか、マスターセラピストとして成長・発展する上で、どのような経験がその発達に寄与したのか、そして異なる文化における望ましいセラピスト像はどのような共通点と相違点を持つのか、という主に３点について明らかにしたいと考えております。この研究結果を通して、日本人にとっての望ましいセラピーのあり方を明確にし、有能なセラピストの教育プログラムを提言できたらと考えております。

研究の手続きとしては、次のような順序で進めていく予定です。まず、様々なセラピストをご存じであると思われる日本心理臨床学会、日本臨床心理士会、および臨床心理士資格認定協会の役員の方々に、日本におけるマスターセラピストのご推薦を

お願いします。推薦締め切り日までに集まった被推薦者のうち、最も推薦数の多かった１０人をマスターセラピストと考え、インタビューをさせていただきます。そして、その内容を質的に分析し、マスターセラピストの特徴と発達プロセスを明らかにする、という次第です。なお、この研究方法は Peer Nomination Method と呼ばれており、セラピストやその他の専門家の特徴を研究する上で有効な研究方法とされています。(Cole & White, 1993; Hillerbrand & Claiborn, 1990; Luborsky et al., 1985; Serbin, Lyons, Marchessault, Schartzman, & Ledingham, 1987)　また、今回のマスターセラピストに関する国際研究では、各国共通の研究手続きとして設定されており、今回の日本での研究でも本研究手続きを採用することになりました。

なお、本研究においてセラピスト（カウンセラーを含む）とは、臨床心理士、精神科医、もしくはそれと同等の能力と経験を持つ心理援助職としています。

また、本研究におけるマスターセラピストは以下の 3 つに当てはまる人物と定義しています。

1. **セラピスト（カウンセラー）として現在非常に優れた能力を持っている人物である。**

2. **数あるセラピストの中でももっとも信頼のおけるセラピストであり、もし自分の家族や大切な友人をセラピスト（カウンセラー）に紹介する必要がある場合、ぜひ紹介したいセラピストである。**

3. **セラピストのセラピスト、つまり自分がセラピーを受けるとしたら、ぜひこのセラピストにお願いしたいと考えられる人物である。**

_____先生は_____会の役員でいらっしゃるので、本研究のご協力をお願いさせていただいた次第です。本研究にご協力いただけるのであれば、お忙しいところ大変恐縮ですが、上記のマスターセラピストの定義に当てはまる、先生がご存じのセラピストの中で最も優れたセラピストの先生方を３名ご推薦いただければ幸いです。別紙にマスターセラピスト推薦書を同封しておりますので、そちらにご記入いただき、返信用封筒でご郵送いただくか、電子メールもしくはファックスにてご回答いただけると幸甚です。

なお、誰がどのセラピストを推薦したのか、推薦されたセラピストが誰なのか、といった情報は厳密に管理し、主任研究者である私（平井）以外には情報が公表されることは一切ありません。また、研究論文にも推薦者や被推薦者の氏名が掲載されることはありません。なお、この研究に関して質問などありましたら、平井研究室（hiraiwork@mac.com 090-9487-6313)までお気軽にご連絡ください。今回の研究にご協力いただいた先生には、データの分析が終了した時点で、研究の概要とまとめをお送りさせていただきます。

なお、郵送よりも電子メールのほうが回答しやすい先生もいらっしゃるかと存じますので、何度もご連絡を差し上げて恐縮ですが、この手紙が届く数日後に、電子メールでも研究のご協力の御案内をさせていただく予定です。大変お忙しい時期にこのようなお願いをして恐縮ですが、本研究へのご協力を賜りますよう、何卒よろしくお願い申し上げます。

敬具

マスターセラピスト国際研究プロジェクトスタッフ一同（日本担当）
九州産業大学国際文化学部臨床心理学科専任講師　平井達也（主任研究者）
九州大学名誉教授　村山正治（研究協力者）
Associate Professor at the University of Minnesota, Michael Goh, Ph.D.（研究協力者）

Appendix C:
English Interview Questions for Japanese Master Therapists

1. How are you different from when you started your career?
2. What distinguishes a good therapist from a great therapist?
3. What do you think are characteristics of a master therapist?
4. To become a master therapist, does one need years of experience? Explain.
5. Given two equally experienced therapists, why does one become an expert whereas the other remains mediocre?
6. What is particularly “therapeutic” about you?
7. Is there one distinguishing aspect of your expertise?
8. How does your emotional health impact the therapy you do?
9. How does the person you are impact the therapy you do?
10. How do you know when you are doing a good job with a client?
11. Are you helpful with some clients and not others? Explain.
12. What is ‘psychotherapy’ to you?
13. How does ‘psychotherapy’ heal?
14. Could you tell me your experiences that contributed to your development as a master therapist?
15. Based on what you have told today, what kinds of training and experiences are important for optimal therapist development?

Appendix D:
Japanese Interview Questions for Japanese Master Therapists

マスターセラピストへのインタビュー質問

1. マスターセラピストとはどのような特徴を持つセラピストだと思いますか？
2. 良いセラピストとマスターセラピストをわけるものはなんでしょうか？
3. （マスターセラピストになるためには何年にもわたるセラピストとしての経験が必要だと思いますか？なぜそのように思われますか？）
4. 同じくらいの経験を積んだセラピストが２人いるとして、なぜ普通のセラピストになる人とマスターセラピストになる人がいるのでしょうか？
5. セラピストとして働き始めた時と今の自分を比較したときに、（セラピストとして、また個人として）あなたはどのように変わりましたか？
6. あなた自身のどんなところが人を癒すのだと思われますか？
7. マスターセラピストとして、あなたの中で一番際だった特徴はなんだと思われますか？
8. あなた自身のメンタルヘルスがセラピーにどのように影響を及ぼすと思われますか？
9. あなたの人としてあり方がどのようにセラピーに影響すると思われますか？

10. セラピーがうまくいっていることがどのようにしてわかりますか？

11. （得意なクライアント・苦手なクライアントはいらっしゃいますか？）

12. 心理療法、もしくはカウンセリングとはあなたにとってどのようなものですか？

13. 心理療法もしくはカウンセリングは、どのようにして人を癒すとお考えですか？

14. どのような経験（個人的および職業的）があなたのセラピストとしての変化／成長に大きな影響を与えたと思いますか？また、それぞれの体験がどのようにあなたの変化／成長に影響を与えたと思われますか？

15. これまでのお話をふまえて、質の良いセラピストを育てるにはどのようなトレーニングや経験が望ましいと思われますか？

Appendix E: Consent Information Sheet

Characteristics of Japanese Master Therapists:
A Qualitative Investigation of Expertise in Counseling and Psychotherapy in Japan

You are invited to be in a research study of Japanese master therapists. You were selected as a possible participant because you have been nominated as one of the master therapists by leading counseling educators and leaders. We ask that you read this form and ask any questions you may have before agreeing to be in the study.
This study is being conducted by: Tatsuya Hirai from the Counseling and Student Personnel Psychology Program, Department of Educational Psychology, College of Education and Human Development, University of Minnesota.

Background Information

The purpose of this study is to investigate the characteristics of Japanese master therapists through in-depth interviews. Research questions to be answered in this research are follows:
1) What is considered as optimal in counseling and therapy by Japanese master therapists?
2) What are the personal characteristics of Japanese master therapists?
3) What kind of personal and professional experiences had impact on the development as master therapists?

Procedures:

If you agree to be in this study, we would ask you to do the following things:
1) Read the consent form and sign it to indicate participation in this study.
2) Spend approximately 90 minutes for the interview. Interview session will be audio-taped.
3) Approximately two weeks after the interview, the primary investigator will send a transcribed interview script. Read the interview script and make correction, if you wish to do so.

Risks and Benefits of being in the Study

This study is expected to pose no risk to the participants. Benefits of the participation to you, on the other hand, is to deepen your understanding regarding what contributed to your development as a therapist, and clarify your strengths and competence as a professional therapist.

Compensation:

There is no compensation for this study.

Confidentiality:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. The data collected will be used only for research purposes and no information will be revealed on an individual or identifying basis. All questionnaires collected and transcribed interview notes will be locked safely in the principal investigator's office while audiotapes will be destroyed by the primary investigator immediately after transcription.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with any Japanese psychological associations. If you decide to participate, you are free to not answer any question or withdraw at any time with out affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Tatsuya Hirai. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at Kyushu Sangyo University, 092-673-5833, hirai@ip.kyusan-u.ac.jp, or you can contact the primary investigator's academic advisor, Dr. Michal Goh, University of Minnesota, +1-612-624-4885, gohxx001@umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; +1- (612) 625-1650.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature:_____ Date: _____

Signature of Investigator:_____ Date: _____

Appendix F: Japanese Consent Information Sheet

マスターセラピスト研究　インタビュー同意書

本インタビューへのご協力、誠にありがとうございます。インタビューに参加される前に、以下のインタビューの概要についてご一読の上、インタビューに同意していただける場合は、一番下の欄にお名前と日付をご記入いただければ幸いです。どうぞよろしくお願いいたします。

研究の目的について

本研究は日本におけるマスターセラピストの特徴を、インタビューにより明らかにしようとするものです。本研究において探索を試みる主なテーマは以下の通りです。

①日本において非常に有能なセラピストとはどのような特徴を有するのか
②マスターセラピストとして成長・発展する上で、どのような経験がその発達に寄与したのか
③異なる文化における望ましいセラピスト像はどのような共通点と相違点を持つのか

インタビューについて

インタビューは半構造化面接にて行い、時間は９０分を予定しております。なお、インタビューは質的分析のために、IC レコーダーにて録音させていただきます。インタビューより約２週間後、主任研究者からインタビューの逐語録を郵送させていただきます。もし修正やコメントがある場合は、ご返送いただければ修正の上再送致します。

情報の守秘について

今回のインタビューのデータおよび個人情報は、マスターセラピスト研究のみに使用され、厳重に管理されます。誰がどのセラピストを推薦したのか、推薦されたマスターセラピストが誰なのか、といった情報は主任研究者である私（平井）以外には情報が公表されることは一切ありません。また、研究論文にも推薦者やマスターセラピストが確定できるような情報が掲載されることはありません。

研究への自発的参加について

本研究の参加は、マスターセラピストご本人が自由に決定できるものであり、もしインタビューの途中で答えたくない質問があった場合は、回答を拒否することが出来ます。また、インタビューの途中でインタビューを取りやめにしたい場合は、中止することも可能です。

連絡先

もし本研究の目的・方法・内容などについてご質問がある場合は、どうぞご遠慮なく主任研究者の平井達也までご連絡ください。（メール：hiraiwork@mac.com、電話：090-9487-6313）

私は上記の情報を把握した上で、本インタビューに参加することに同意します。

氏名：_____　　日付：_____月　_____日

研究者氏名：_____　　日付：_____月　_____日

Appendix G: Categories and Themes of Japanese Master Therapists

Category A: Cultivating Abundant Learning

1. Proactive learning style
2. Abound in ingenuity
3. Diligently manage massive learning
4. Learning from great mentors
5. Existence of supportive environment

Category B: Perceptive Understanding of Self and Others

6. In-depth self-reflection
7. Finely-tuned understanding of the client
8. Being able to take a comprehensive view of the client
9. Capacity to embrace antinomy

Category C: Effective Intervention

10. Perform a high level of therapeutic effectiveness
11. Multidimensional therapeutic approach
12. Precise yet flexible intervention

Category D: Relationship Building with the Client

13. Deep respect for the client
14. Being open toward the client
15. Active engagement in the mutually therapeutic relationship

Category E: Therapist's Humanity

16. Therapist's personality
17. High level of resilience
18. Respect for the profundity of human beings